

Case Number:	CM14-0152353		
Date Assigned:	09/23/2014	Date of Injury:	01/27/1995
Decision Date:	10/27/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/18/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine has a subspecialty in Fellowship Trained in Emergency Medical Services and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 60-year-old male who reported an injury on 01/27/1995 due to a slip and fall. The injured worker has diagnoses of chronic bilateral shoulder pain, chronic bilateral hip pain, chronic memory loss, tinnitus, and arthritis. Physical medical treatment consists of physical therapy and medication therapy. Medications include cimetidine, trazodone, Lunesta, Voltaren gel, and Lidoderm patches. The injured worker has undergone MRIs in 1995 and in 2012. On 08/19/2014, the injured worker complained of pain in the shoulders and hips. Physical examination revealed that the right shoulder was 95 degrees on abduction, extension was 30 degrees, and flexion was 95 degrees in the right shoulder. Abduction of the left shoulder was 100 degrees, extension was 20 degrees, and flexion was 100 degrees. There was no rotator cuff tenderness and there was no trochanteric tenderness. There was no paracervical tenderness as well. Medical treatment plan is for the injured worker to continue the use of medications. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm(Lidocaine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine
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Decision rationale: The request for Lidoderm patch 5% is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines state Lidoderm is the brand name for Lidocaine patch produced by [REDACTED]. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. According to the MTUS Guidelines, Lidocaine is recommended to patients with a diagnosis of radiculopathy. In the submitted documentation there was no indication that the injured worker had a diagnosis of radiculopathy. The submitted report also lacked evidence of neuropathic pain. The efficacy of the medication was not submitted for review. Additionally, it was not indicated whether the Lidoderm patches were helping the injured worker with any functional deficits. Furthermore, the request as submitted did not indicate the frequency or duration of the medication. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request is not medically necessary.