

Case Number:	CM14-0163777		
Date Assigned:	10/08/2014	Date of Injury:	04/20/2010
Decision Date:	10/31/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/06/2014

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 Family Practice and is licensed to practice in Ohio. 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 67 year old female who injured her right, right knee, and low back with a trip and fall injury on 4-20-2010. Her diagnoses include grade I spondylolisthesis at L5-S1 with severe foraminal stenosis, bulging disc at L4-L5, right shoulder cuff injury and tendinosis. And right knee contusion. She had a right sided rotator cuff repair on 5-15-2013 but she continues to complain of substantial pain. She has used topical ketoprofen for the shoulder pain because of numerous opioid and NSAID intolerances but because of recent increased pain, her treating physician would like to try topical lidocaine patches. She had a cortisone injection to the right shoulder after surgery that was ineffective. The physical exam reveals moderate tenderness in the supra and infrascapular regions with reduced and painful range of motion, tenderness to palpation of the lumbosacral region, and mild tenderness of the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Lidocaine Patch

Decision rationale: Per the Official Disability Guidelines the criteria for use of Lidoderm patches:(a) Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. (b) There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica).(c) This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points.(d) An attempt to determine a neuropathic component of pain should be made if the plan is to apply this medication to areas of pain that are generally secondary to non-neuropathic mechanisms (such as the knee or isolated axial low back pain). One recognized method of testing is the use of the Neuropathic Pain Scale.(e) The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day).(f) A Trial of patch treatment is recommended for a short-term period (no more than four weeks). (g) It is generally recommended that no other medication changes be made during the trial period.(h) Outcomes should be reported at the end of the trial including improvements in pain and function, and decrease in the use of other medications. If improvements cannot be determined, the medication should be discontinued.(i) Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued.In this situation, it is understood that the injured worker is multiply drug intolerant. However, with regard to the right shoulder, there is no clearly neuropathic component to her pain. Therefore, Lidocaine pad 5% #30 is not medically necessary under the referenced guidelines.