

Case Number:	CM14-0171437		
Date Assigned:	10/23/2014	Date of Injury:	03/10/2009
Decision Date:	11/21/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/16/2014

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 Orthopedic Spine Surgeon 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 50-year-old female who reported an injury on 03/10/2009. The injured worker was reportedly tightening a bolt when she felt pain in the right shoulder. The current diagnoses include cervical spine strain, right shoulder impingement, and left rotator cuff tear. The injured worker was evaluated on 09/15/2014 with complaints of persistent pain in the bilateral shoulders. The injured worker also reported numbness and tingling in the fingertips. The physical examination of the left shoulder revealed positive Hawkins impingement sign, spasm, and pain with range of motion. The physical examination of the right shoulder revealed positive Hawkins and impingement signs, spasm, and tenderness to palpation. The treatment recommendations at that time included a prescription for Lidoderm patch. It is noted that the injured worker was status post left shoulder arthroscopy in 06/2013. Previous conservative treatment also included medications, physical therapy, cortisone injections, and cervical epidural steroid injections. A Request for Authorization form was then submitted on 09/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches for cervical spine, 1 box, frequency and duration not provided as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Indication Page(s): 56, 57, 112 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an anticonvulsant such as Lyrica or gabapentin. There was no documentation of a failure to respond to first line treatment. There was also no strength or frequency listed in the request. As such, the request is not medically appropriate.