

Case Number:	CM14-0175227		
Date Assigned:	10/28/2014	Date of Injury:	04/22/2009
Decision Date:	12/04/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, and is licensed to practice in California. 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 patient is a 75 year old male with an injury date on 04/22/2009. Based on the 03/11/2014 progress report provided by [REDACTED], the diagnoses are: 1. Status post right shoulder arthroscopy, subacrominal decompression and debridement of a massive non-repairable rotator cuff tear. 2. Rotator cuff tear, left shoulder. 3. Cervical spondylosis. 4. Lumbar spondylosis. 5. Internal derangement/degenerative joint disease, right knee. 6. Internal derangement/ degenerative joint disease, left knee. According to this report, the patient complains of neck, bilateral shoulder pain, and bilateral knee pain. Physical exam reveals tenderness over the cervical/ lumbar paravertebral muscles and trapezial area. Range of motion of the cervical/lumbar is restricted with pain. Exam of the shoulders indicates pain with range of motion and 3-4/5 weakness of the rotator cuff. Impingement and Hawkins test are positive on the left. Exam of the knees reveals medial joint line tenderness. Range of motion is 0-120 degree. There is crepitus and pain with range of motion. Mc Murray test is positive, bilaterally. There were no other significant findings noted on this report. The utilization review denied the request on 09/30/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/11/2014 to 3/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

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

Decision rationale: According to the 03/11/2014 report by [REDACTED] this patient presents with neck, bilateral shoulder pain, and bilateral knee pain. The treated is requesting Lidoderm patch 5%, #30. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show the patient has left shoulder and knee pains. These symptoms are localized but non-neuropathic. Furthermore, the treated does not discuss how this patch is used and with what effect. MTUS page 60 require documentation of pain and function when medications are used for chronic pain. The request is not medically necessary.