

Case Number:	CM14-0025466		
Date Assigned:	06/11/2014	Date of Injury:	03/07/2011
Decision Date:	07/15/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/27/2014

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 Sports Medicine 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 injured worker is a 33 year old male who reported an injury on 03/07/2011 due to an unknown mechanism of injury. The injured worker complained of pain located over the right side of the upper back, shoulder, lower back, left hip, and right and left thighs. On 12/30/2013 the physical examination revealed tenderness to the left shoulder, and painful motion with both abduction and forward flexion. On 04/03/2013 the MRI revealed a full thickness tear of the supraspinatus tendon with retraction, subscapularis tendinosis, and degenerative changes of the glenoid labrum. The injured worker has a current diagnoses of joint shoulder pain. The injured worker received sub deltoid cortisone injections, and opioid therapy as a method of past treatment. On 06/08/2012 the injured worker had an arthroscopic surgical repair. The injured worker was on the following medications Oxycodone, and OxyContin. The current treatment plan is for Lidoderm (lidocaine patch 5%) x30. There was no rationale or request for authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM (LIDOCAINE PATCH 5%) X30: Upheld

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

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

Decision rationale: The request for Lidoderm (lidocaine patch 5%) x30 is not medically necessary. The injured worker has a history of severe left shoulder pain. The CA MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no rationale why the injured worker would require a topical patch verses oral medications. In addition, the request does not specify the location for the application of the patch, and does not include the frequency for the proposed medication. Given the above the request for Lidoderm (lidocaine patch 5%) x30 is not medically necessary.