

Case Number:	CM14-0035769		
Date Assigned:	06/23/2014	Date of Injury:	04/20/2001
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/24/2014

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 and Rehabilitation 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 59 year old female who was injured on 04/20/2001. She sustained an injury when she was trying to get a box down from a cabinet when it began to slip and she tried to catch it. Prior medication history included Tylenol, Lidocaine, and injections without relief. She has been treated conservatively with home exercise program. The patient underwent subacromial decompression, arthroscopic capsulorrhaphy, closure of rotator interval defect; debridement of labrum and under-surface rotator cuff of the left shoulder on 01/28/2012 and arthroscopic subacromial decompression, lysis of adhesions and injection with cortisone to the left shoulder on 07/10/2006. Progress report dated 02/26/2014 indicates the patient was in for follow of her left shoulder pain. She states her shoulder keeps spasming. On exam, she has tenderness of the shoulder without atrophy. Diagnoses are adhesive capsulitis of shoulder and cervical spondylosis without myelopathy. The treatment and plan is physical therapy and a prescription for Lidoderm patches. Prior utilization review dated 03/10/2014 states the request for Lidoderm patches 5%, apply as directed, 1 box with 2 refills is not certified and has been modified to Lidoderm patches 5% apply as directed 1 box with no refills to assess efficacy and pending documentation of functional improvement from the first box.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%, APPLY AS DIRECTED 1 BOX WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Lidoderm.

Decision rationale: According to the CA MTUS guidelines, topical analgesics "Lidocaine" is recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (tricyclic or serotonin-norepinephrine reuptake inhibitors (SNRI) anti-depressants or an anti-epileptic drug (AED) such as Gabapentin or Lyrica). The medical records does not document the patient had any neuropathic pain. Furthermore, there is no documentation of any improvement in pain or function with prior use. Therefore, the request is not medically necessary according to the guidelines and is not medically necessary.