

Case Number:	CM14-0040929		
Date Assigned:	06/27/2014	Date of Injury:	07/31/2002
Decision Date:	12/18/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/07/2014

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 Anesthesiology and is licensed to practice in Tennessee, North Carolina & Georgia. 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 65-year-old female who reported an injury on 07/31/2002. The mechanism of injury was not provided. Her diagnoses were listed as degenerative osteoarthritis of the shoulder, myofascial pain syndrome, psychological pain disorder, and insomnia. Her past treatments include medications, home exercise program. Diagnostic studies included a urine drug screen, performed on 01/15/2014, which indicated consistency with medication use. On 03/21/2014, the injured worker complained of chronic left shoulder pain and insomnia. A physical examination was not noted. Her current medications were listed as methadone, Norco, Soma, Lidoderm patch, Aciphex, Restoril, and Ibuprofen. The treatment plan included continuation of medications and a follow-up visit. A request was received for Lidoderm patch #30. The rationale for the request was not provided. The Request for Authorization form was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

Decision rationale: The California MTUS Guidelines recommend topical lidocaine for neuropathic pain after there has been evidence of a trial of first line therapy. Clinical notes indicate that the injured worker tried a significant amount of medications that failed to provide pain relief. However, as the most recent note submitted was date 3/12/2014, more information is needed to indicate the need for Lidoderm patches. In the absence of documentation with evidence of a physical examination indicating unresolved symptoms, the request is not supported. In addition, the request does not specify frequency of use. Therefore, the request is not medically necessary.