

<b>Case Number:</b>	CM14-0043232		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/12/2001
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Nevada. 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 51 year-old female who was reportedly injured on February 12, 2011. The mechanism of injury is not listed in the records reviewed. The most recent progress note dated February 17, 2014, indicates that there are ongoing complaints of right shoulder pain, the postherpetic neuralgia is also resolved and the transforaminal epidural steroid injections have dissipated the neuralgia. Use of a topical nonsteroidal is also noted to have some efficacy and oral narcotic medications are being taken. The physical examination demonstrated a 5'6", 151 pound individual to be normotensive. Diagnostic imaging studies objectified ordinary disease of life degenerative changes in the right acromioclavicular joint with a spur formation. Previous treatment includes multiple medications, injections and other pain management interventions. A request was made for Lidoderm Patch and Norco and was not certified in the pre-authorization process on March 3, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Lidoderm patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

**Decision rationale:** This preparation is clinically indicated for localized post herpetic pain. The progress notes indicate that this pain has resolved. Furthermore, other medications are being prescribed. As such, the request for 30 Lidoderm patches is not medically necessary and appropriate.

**second opinion orthopedic sports medicine consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), ACOEM Practice Guidelines, 2nd edition, Chapter 7 - Independent Medical Examinations and Consultations, pg 127.

**Decision rationale:** The progress notes reflect that an orthopedic consultation has been completed. There is an ordinary disease of life degenerative process in the acromioclavicular joint associated with a spur formation causing an impingement syndrome. There is pathology noted and there is no indication of an extremely complex or uncertain diagnosis. As such, when noting the parameters outlined in the California Medical Treatment Utilization Schedule Guidelines (CAMTUS), this request of Second opinion orthopedic sports medicine consultation is not medically necessary and appropriate.