

Case Number:	CM14-0044376		
Date Assigned:	07/02/2014	Date of Injury:	11/08/2005
Decision Date:	08/28/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/11/2014

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 records, presented for review, indicate that this 68-year-old male was reportedly injured on 11/8/2005. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 5/6/2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated left shoulder positive tenderness to palpation at the coracoids and interior subacromial space with limited range of motion. The patient had a Positive Hawkin's test, Neer's test, and Speed's test. Diagnostic imaging studies included x-rays of the left shoulder, which revealed no significant changes other than post arthritic changes. Previous treatment included previous surgery, medication, physical therapy, injection, and conservative treatment. A request had been made for Medi-patch #10 and was not certified in the pre-authorization process on 4/2/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of Medi-Patch #10: 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: The MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epileptic medications. Based on the clinical documentation provided, there is no documentation on physical exam of a failure of first-line treatment. As such, Medi-Patch #10 is not medically necessary.