

Case Number:	CM14-0047624		
Date Assigned:	06/25/2014	Date of Injury:	10/03/2009
Decision Date:	08/13/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	03/31/2014

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 30-year-old female who was reportedly injured on October 3, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated February 4, 2014, indicated that there were ongoing complaints of right shoulder pain. Current medications include ibuprofen, omeprazole and Norco. The physical examination demonstrated decreased right shoulder range of motion with 135 of forward flexion, 120 of abduction, and 10 of internal rotation. Diagnostic imaging studies reported evidence of a prior acromioplasty and mild degenerative changes of the acromioclavicular joint. Previous treatment included a right shoulder arthroscopy, physical therapy, subacromial steroid injections, a home exercise program, the use of an H-wave unit, and applications of ice/heat. A request had been made for Lidoderm patches and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5 percent #30 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 56.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of topical lidocaine for individuals with neuropathic pain who have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured employee did not have any complaints or physical examination findings of neuropathic pain. Therefore, this request for Lidoderm patches is not medically necessary.