

Case Number:	CM14-0048369		
Date Assigned:	07/02/2014	Date of Injury:	02/09/2009
Decision Date:	08/26/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/16/2014

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 Occupational Medicine, 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:

This is a 58-year-old male with a 2/9/09 date of injury. The mechanism of injury occurred due to cumulative trauma involving her left shoulder and arm. According to a 3/24/14 progress note, the patient complained of left shoulder pain. She denied numbness and tingling. The patient is working full duty and does not want surgery. Objective findings: limited range of motion (ROM) of left shoulder. Diagnostic impression: shoulder tendinitis; pain in joint, shoulder region. Treatment to date: medication management, activity modification, physical therapy, injections. A UR decision dated 4/2/14 denied the request for Lidocaine pads. While the provider noted that Lidoderm patches improve the patient's right shoulder joint pain, there is no explicit documentation of failed first-line antidepressant or anticonvulsant therapy trials. In addition, the available medical narrative report is undated, and thus provides no guarantee that the patient's symptoms are current.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pads 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Lidoderm.

Decision rationale: CA MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. According to the reports reviewed, there is no documentation that the patient's shoulder pain has a neuropathic condition. According to a progress note dated 3/24/14, the patient denied numbness and tingling of her shoulder. In addition, guidelines state that for continued use of Lidoderm patches, the area for treatment should be designated. There should also be documentation of a successful trial of Lidoderm patches, as well as a discussion of functional improvement, including the ability to decrease the patient's oral pain medications. The documentation provided does not provide this information. In addition, there is no discussion in the reports regarding the patient failing treatment with a first-line agent such as Gabapentin. Therefore, the request for Lidocaine pads 5% #30 was not medically necessary.