

Case Number:	CM14-0048751		
Date Assigned:	06/25/2014	Date of Injury:	02/11/2005
Decision Date:	08/14/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/27/2014

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 60 year-old female who was reportedly injured on 2/11/2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated 1/23/2014 indicates that there are ongoing complaints of neck and right shoulder pain. The physical examination demonstrated cervical spine: positive spasms. Range of motion is limited and painful. Positive tenderness to palpation over the cervical/trapezius Ridge. Right shoulder: painful range of motion. Tenderness to palpation over the incision. Bilateral wrists: positive Tinnel's bilaterally. Positive Phalen's bilaterally, Durkin's compression test is positive. Diagnostic imaging studies revealed magnetic resonance imaging of the right shoulder with arthrogram on 1/15/2014 and revealed the following findings acromion, curves, anterior down sloping and osteoarthritis of the acromioclavicular joint. Tendinosis of the supraspinatus, infraspinatus and subscapularis. Previous treatment includes previous surgery, physical therapy, medications and conservative treatment. A request was made for Lidoderm patch 5%, #60, and was not certified in the pre-authorization process on 2/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Lidocaine indication Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch) Page(s): 56 OF 127.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured worker does have positive neurological findings on physical exam. However there is no documented failure of a first-line treatments to include antidepressants/anticonvulsants and medications. Therefore, the request is considered not medically necessary.