

Case Number:	CM14-0054127		
Date Assigned:	07/07/2014	Date of Injury:	03/14/2012
Decision Date:	09/03/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 59-year-old male was reportedly injured on March 14, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated November 8, 2013, indicates that the injured employee is following up after right shoulder surgery from 4 months prior. The physical examination demonstrated no tenderness to the right shoulder and unrestricted range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes right shoulder surgery, physical therapy, and home exercise. A request had been made for Lidoderm patches and was not certified in the pre-authorization process on April 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medications x1 Lidoderm Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57; 112.

Decision rationale: The California 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-epilepsy medications. Based on the clinical documentation provided, the injured employee does not have any neuropathic pain nor is there any documentation of failure of first-line medications. Considering this, this request for Lidoderm patches is not medically necessary.