

Case Number:	CM14-0059732		
Date Assigned:	07/09/2014	Date of Injury:	01/11/2012
Decision Date:	09/30/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/30/2014

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 & 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 58-year-old individual was reportedly injured on January 11, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated March 26, 2014, indicated that there were ongoing complaints of right shoulder pain and bilateral wrists pain. The physical examination demonstrated a 5'6", 179 pound individual to be in no acute distress. Right shoulder range of motion was slightly decreased, and the neurovascular status was intact. A positive Hawkins sign was reported as well as a positive Neer's impingement test. Strength was reported to be 4/5, and no sensory losses were noted. Diagnostic imaging studies were not reported. Previous treatment included wrist surgery, physical therapy, multiple medications and pain management interventions. A request had been made for Lidoderm and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004) 8 C.C.R.

Decision rationale: 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, the claimant has a nociceptive pain in terms of impingement syndrome to the right shoulder. Therefore, treatment with topical Lidocaine for this ordinary disease of life degenerative process is not clinically indicated. As such, the request is considered not medically necessary.