MAXIMUS Federal Services

Case Number:	CM14-0064932		
Date Assigned:	07/11/2014	Date of Injury:	08/30/2005
Decision Date:	08/29/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/06/2014

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 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:

The injured worker is a 65-year-old male who reported an injury on 08/30/2005 while cleaning a coil machine he sustained an injury to the shoulder. The injured worker had a history of left shoulder pain with the diagnoses of chronic postoperative pain, joint pain, spasm to the muscle, and spasm to the shoulder. The MRI dated 09/29/2005 to the left shoulder revealed internal development with the articular surface, partial tear of the supraspinatus tendon, and evidence of bursitis status post arthroplasty, and distal clavicle resection. The MRI dated 05/20/2006 revealed a subacromial bursitis with a discrete tendon tear noted at the rotator cuff. The prior surgeries dated 10/28/2005 a left shoulder open rotator cuff repair, a biceps tendon release dated 06/08/2007, and on 11/02/2009 a left shoulder manipulation with loose body removal and rotator cuff repair. The past treatments included physical therapy to the left shoulder and aquatic exercises. The medications included Percocet 10/325 mg, amitriptyline 50 mg, and tramadol 50 mg. The reported pain was a 6-7/10 with also reported can be down to a 4/10 using the VAS. The objective findings dated 05/07/2013 to the left shoulder revealed a number of scars well-healed. The range of motion to the left shoulder revealed a forward flexion of 160 degrees, adduction of 100 degrees, internal rotation of 70 degrees, and a full tactile allodynia over the scars with normal reflexes symmetrically. The examination also revealed good strength to the upper extremities, but noted pain to the left anterior shoulder when pushes forward, with tenderness over the left biceps and coracoid process. The treatment plan included a refill for medications. The Request for Authorization dated 07/11/2014 was submitted with documentation. The rationale for the lidocaine was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine HCL) 5% adhesive patch, 1 patch 12 hours on and 12 hours off. #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for Lidoderm 5% adhesive patch, 1 patch 12 hours on/12 hours off #30 is not medically necessary. The California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per the clinical notes, the injured worker was not diagnosed with post-herpetic neuralgia. No other commercially approved topical formulation of lidocaine is indicated for neuropathic pain. As such, the request is not medically necessary.