MAXIMUS Federal Services

Case Number:	CM14-0065690		
Date Assigned:	09/03/2014	Date of Injury:	06/30/2005
Decision Date:	10/03/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	05/08/2014

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 64 year-old individual was reportedly injured on 8/30/2005. The mechanism of injury is not listed. The most recent progress note, dated 5/5/2 of 14, indicates that there are ongoing complaints of left shoulder pain. The physical examination demonstrated left shoulder: mild swelling with healed arthroscopic portals. Range of motion: adduction 30, external rotation 35, internal rotation 60, abduction 90, forward flexion 100. No recent diagnostic studies are available for review. Previous treatment includes shoulder arthroscopy, medications, and conservative. A request had been made for Lidoderm 5% patch and was non-certified in the pre-authorization process on 3/31/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm HCL 5% patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

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-epilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.