

Case Number:	CM14-0079609		
Date Assigned:	07/18/2014	Date of Injury:	04/22/2013
Decision Date:	09/15/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	05/30/2014

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 and 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 53-year-old male who reported an injury on 04/22/2013. The mechanism of injury involved repetitive activity. The current diagnosis is pain in a joint involving the shoulder region. The injured worker was evaluated on 02/05/2014 with complaints of left shoulder pain. Previous conservative treatment includes a cortisone injection, medication management, and occupational therapy. It is noted that the injured worker was released to usual and customary duties on 01/22/2014 for a trial basis. Physical examination revealed restricted left shoulder internal and external rotation, tenderness to palpation over the subacromial bursa, and intact sensation without any motor deficits. Treatment recommendations at that time included continuation of Lidoderm 5% patches. It is also noted that the injured worker was participating in a home exercise program. There was no DWC Form RFA submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patch): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112.

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

Decision rationale: California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. Topical lidocaine in the formulation of a dermal patch has been designated by the FDA for neuropathic pain. As per the documentation submitted, the injured worker does not maintain a diagnosis of neuropathy. There is no evidence of neuropathic pain or localized peripheral pain upon physical examination. The injured worker has continuously utilized this medication since 01/2014. There is no frequency or quantity listed in the current request. As such, the request is not medically necessary.

Adhesive Patch 5% (700mg/patch): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's lidocaine 5% patch, the primary procedure, has not been authorized, the associated request for an adhesive patch is also not medically necessary.