

Case Number:	CM14-0188700		
Date Assigned:	11/19/2014	Date of Injury:	02/16/2005
Decision Date:	01/07/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/12/2014

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, has a subspecialty in Pain Medicine 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:

This case involves a 54 year old worker sustained injury at the job on 02/16/2005 that resulted in pain in the right shoulder. According to the examination notes of October 15, 2014, the injured worker reached a permanent and stationary status with lifetime medical benefits. At the exam of 10/15/2014, her complaints were pain in the right shoulder extending into the neck and upper arm, and some tingling and numbness into the fingers of the right hand. The pain is rated at a four out of ten at rest and ten out of ten with activity. Some movements such as reaching above the right shoulder causes pain, and she reports it is difficult for her to sleep on the right side. On exam there is a five degree limitation in flexion, extension and rotation of the right shoulder and a painful click is noted on palpation of the right shoulder. The neurological exam is normal, and there is slightly lesser grip strength in the right dominant hand. She has a negative Spurling's Test, a negative Adson Test, and the Wall Push-Off test for winging of the scapulae is negative. At the time of the examination, the current diagnoses are chronic sprain/strain with rotator cuff impingement at the right shoulder. The beneficiary uses Lidoderm 5% patches when available and reports good pain relief with them. The injured worker remains permanent and stationary in her status works in a light work job. Her treatment plan includes Lidoderm 5% patches, 12 hours on /12 hours off. One box Lidoderm 5% patches with two refills is requested on the Request for Authorization. She takes no oral medications. On 11/04/2014, Utilization Review (UR) denied the request citing California Medical Treatment Utilization Schedule pages 56-57. The rationale is that the injured worker has subjective and objective findings consistent with neuropathic pain but has no documentation of failed trials of first-line pharmacologic therapy. Based on the currently available information, it was felt that need for this topical medication had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% 1 box with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

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

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of localized peripheral pain as recommended by guidelines. Although Lidoderm is documented as helping this injured worker's shoulder pain, this shoulder pain is nociceptive and musculoskeletal in nature rather than neuropathic. As such, the currently requested Lidoderm is not medically necessary.