

Case Number:	CM14-0190023		
Date Assigned:	11/21/2014	Date of Injury:	03/30/2014
Decision Date:	01/09/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/14/2014

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 Interventional Spine 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 patient is a 31 year old female with an injury date of 03/30/14. Based on the progress report dated 10/21/14, the patient complains of pain in back and arm rated at 6/10. She also complains of numbness in entire arm and hand. The patient recently found out that she is pregnant. Physical examination of the cervical spine reveals tenderness to palpation in right paraspinal and bilateral trapezius muscles. Physical examination of the right shoulder shows tenderness to palpation in AC joint, supraspinatus muscle, and the trapexial. Range of motion is full but abduction, internal rotation, and external rotation are painful. Physical examination, as per chiropractic progress report dated 08/01/14, reveals intersegmental joint dysfunction, decreased range of motion, and increased pain in the upper back with [REDACTED]. The patient is taking NSAIDs to manager her pain, as per progress report dated 09/11/14. She completed 14 sessions of physical therapy which helped her meet 75% of her goals, as per progress report dated 08/20/14. The patient also received six chiropractic treatment sessions, as per progress report dated 08/01/14. The patient has been allowed to work with restrictions, as per progress report dated 10/21/14. MRI of the Right Shoulder, 07/17/14, as per progress report dated 08/01/14: - AC joint osteoarthritis.- Down-sloping acromion, possibly causing impingement. Diagnoses, 10/21/14:- Right shoulder strain- Rotator cuff tendonitis.- Strain of thoracic region.- Pregnancy, incidental.The treater is requesting for Lidocaine pad 5% day supply: 30 QTY: 30 refills. The utilization review determination being challenged is dated 11/05/14. The rationale was "There are insufficient large-scale, randomized, controlled references showing the safety and efficacy of the requested topical medication in this claimant's clinical scenario." Treatment reports were provided from 05/22/14 - 10/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine PAD 5% Day supply: 30 Qty: 30 refills: 0: 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 Chronic pain Page(s): 111.

Decision rationale: Based on the review of the available progress reports, this is the first prescription for Lidocaine pad. In progress report dated 10/21/14, the patient complains of numbness in entire arm and hand indicating peripheral neuropathy. However, this is not localized, peripheral neuropathic pain. The patient has diffuse peripheral neuropathic pain for which Lidocaine patches would not be indicated. The request is not medically necessary.