

Case Number:	CM14-0190844		
Date Assigned:	11/24/2014	Date of Injury:	05/22/2013
Decision Date:	01/09/2015	UR Denial Date:	11/04/2014
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 injured worker is a 48 year old male with an injury date on 05/22/2013. Based on the 10/10/2014 progress report provided by the treating physician, the diagnoses are: 1. Left shoulder adhesive capsulitis. 2. Left shoulder pain. 3. Status post left shoulder rotator cuff repair. 4. Status post left shoulder labral repair. According to this report, the injured worker complains of left shoulder pain with the pain scale at a 6/10. "His pain is consistent to the top in the back of the shoulder, having some difficulty sleeping at night due to the pain." Magnetic resonance imaging (MRI) of the left shoulder of 04/03/2014 shows "irregular signal in the superior labra with a small tear. Paralabral cyst Supraspinatus portion of the rotator cuff fully thickness tears." Operative report on 11/25/2013 shows "left shoulder arthroscopy with rotator cuff repair, repair of labrum, decompression of the glenoid cyst, subacromial decompression." There were no other significant findings noted on this report. The utilization review denied the request for Lidoderm patch 5% on 11/04/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 07/31/2014 to 10/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%: Upheld

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

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

Decision rationale: According to the 10/10/2014 requesting report, this injured worker presents with left shoulder pain. The current request is for Lidoderm patch 5%. The MTUS guidelines state that Lidoderm patches may be "recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsions have failed." Review of the reports shows Lidoderm patch was first mentioned in the 09/03/2014 report. The injured worker has localized pain but is neither neuropathic nor peripheral in nature. The treating physician mentions that "the Lidoderm patches do help though with his pain." However, the guidelines do not support the use of Lidoderm patches unless there is neuropathic pain that is peripheral and localized. The request for Lidoderm Patch is not medically necessary.