

Case Number:	CM14-0197418		
Date Assigned:	12/05/2014	Date of Injury:	11/25/2010
Decision Date:	01/20/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/24/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 36-year-old woman who sustained a work-related injury on November 25, 2010. Subsequently, she developed chronic left shoulder pain and underwent left shoulder arthroscopic surgery with debridement of the anterior labrum and subacromial decompression in May of 2012. The patient did not feel that the surgery was successful and she did not go back to work. According to a progress report dated October 24, 2014, the patient reported worsening of her pain. Examination of her left shoulder revealed absence of tenderness on the upper trapezius. There was abnormality of the shape, bulk, contour and tone of the shoulder girdle. Atrophy was noted. Range of motion was limited in abduction at 105 degrees, forward flexion at 135 degrees, and adduction at 30 degrees. No tenderness was noted at the origin of the long head of the biceps. No pain on resisted flexion or supination. The patient had a negative cross arm test on the left, and there was no tenderness on palpation of the acromioclavicular joint. Tenderness to palpation was reported at anteriorly. Examination of the thoracic spine revealed tenderness of the paraspinal muscle with tight muscle palpated without trigger point in the thoracic paraspinal musculature. The patient was diagnosed with shoulder strain/sprain, left shoulder labral tear, and arthrofibrosis secondary to left shoulder labral tear. The treating physician has request authorization for Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (dosage and quantity not specified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 143.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drugs (AED), such as gabapentin. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, this request is not medically necessary.