

Case Number:	CM14-0201639		
Date Assigned:	12/12/2014	Date of Injury:	05/18/2011
Decision Date:	02/03/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab 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 59-year old male with date of injury 5/18/11. The treating physician report dated 10/11/14 (36) indicates that the patient presents with persistent pain with a 2 to 3/10 severity, affecting his right shoulder. The physical examination findings reveal that the patient is grossly protective of his right upper extremity with tenderness noted in the right shoulder region musculature and right acromioclavicular joint. Right shoulder abduction and forward flexion is near normal but associated with discomfort at the end range. Strength is 5/5 in right shoulder abduction and forward flexion. Prior treatment history includes ibuprofen 800 mg as needed and home exercise. The current diagnoses are: - Status post partial rotator cuff repair right shoulder- Chronic right shoulder pain- Status post decompression of subacromial space with acromioplasty dated 9/22/11- Adhesive capsulitis of right shoulder. The utilization review report dated 10/28/14 denied the request for Lidoderm DIS 5 Percent 12 Hours On and 12 Hours Off #30 based on MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm DIS 5 Percent 12 Hours On and 12 Hours Off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED Page(s): 57-58.

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

Decision rationale: The patient presents with persistent pain with a 2 to 3/10 severity, affecting his right shoulder. The current request is for Lidoderm DIS 5 Percent 12 Hours On and 12 Hours Off #30. The treating physician report dated 10/11/14 states "prescription was given for Lidoderm patch 5% 12 hours on 12 hours off #30 for neuropathic pain". The MTUS guidelines state, "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 AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the treating records provided do not document the location of trial of the Lidoderm patches and there is no documentation of neuropathic pain. Recommendation is for denial.