

Case Number:	CM14-0203414		
Date Assigned:	12/15/2014	Date of Injury:	07/07/1997
Decision Date:	02/03/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/05/2014

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, 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 53 year old female with a date of injury of January 8, 2002. Progress report dated July 28, 2014, states that the patient complains of left shoulder and left wrist pain. Examination showed tenderness to palpation of the right shoulder. Active range of motion showed flexion at 160 degrees, extension at 44 degrees, abduction at 154 degrees, adduction at 46 degrees, Internal rotation was at 52 degrees, and external rotation was at 60 degrees. Right wrist showed tenderness to palpation with extension greater than flexion. Current treatment includes the medication Vicodin, acupuncture treatments, and Lidoderm patches. The patient was diagnosed with right parascapular strain with impingement syndrome, right elbow lateral epicondylitis, and status post right carpal tunnel release and Quervain's release with residual wrist, forearm tendinitis. Treatment plan was for acupuncture and obtain a psychiatric consultation for anxiety. Utilization review form dated November 19, 2014 noncertified Lidoderm patch 5% apply to affected area 12 hours on and 12 hours off #30 and Bio freeze apply BID-TID x 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% apply to affected area 12 hours on and 12 hours off #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The patient complains of left shoulder and left wrist pain. The current request is for Lidoderm patch 5% apply to affected area 12 hours on and 12 hours off #30. In reviewing the medical reports provided the patient has been prescribed Lidoderm Patches at least 3/20/14. The MTUS guidelines page 57 states, "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)." The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. In this case, there is no documentation of neuropathic pain and there is no discussion regarding a trial of Gabapentin or Lyrica. The requested Lidoderm patch is not medically necessary.

Biofreeze apply BID-TID x 2 roll ons: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Pain, Biofreeze Cryotherapy Gel

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter for Biofreeze® cryotherapy gel

Decision rationale: The patient complains of left shoulder and left wrist pain. The current request is for Biofreeze; apply BID-TID x2 roll-ons. ODG low back chapter for Biofreeze cryotherapy gel states, "Recommended as an optional form of cryotherapy for acute pain." ODG further states that "Biofreeze is a nonprescription topical cooling agent with the active ingredient menthol that takes the place of ice packs." In his case, this patient has chronic left shoulder and wrist pain and topical Biofreeze is recommended for "acute pain." The requested Biofreeze is not medically necessary.