

Case Number:	CM14-0204950		
Date Assigned:	12/17/2014	Date of Injury:	08/10/2011
Decision Date:	02/11/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/08/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of August 10, 2011. In a Utilization Review Report dated November 24, 2014, the claims administrator denied a request for topical lidocaine patches while approving a request for Ultram. The articles in question were reportedly sought on November 6, 2014, the claims administrator suggested. On November 6, 2014, the applicant reported persistent complaints of shoulder pain, reportedly exacerbated by exposure to cold weather. The applicant had diabetes and was apparently using metformin for the same. The applicant's medication list included tramadol, lidocaine-prilocaine, aspirin, Lipitor, benazepril, glyburide, Lidoderm, metformin, and pioglitazone. Ultram and lidocaine were endorsed. The applicant was given primary diagnosis of shoulder adhesive capsulitis, rotator cuff injury, and rotator cuff tear. Permanent work restrictions were endorsed. It did not appear that the applicant was working with said permanent limitations in place, although this was not clearly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 2.5% apply to affected area twice daily as needed #30/month with 2 refills:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine, Pain Mechanisms Page(s): 112, 3.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, in this case, there was no mention of anticonvulsant adjuvant medication and/or antidepressant adjuvant medication failure to prior selection, introduction, and/or ongoing usage of the topical lidocaine agent at issue. It is further noted that page 3 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuropathic pain is characterized by burning, numbing, and electric shock-like sensations. Here, there was no mention of burning, numbing, and/or electric shock-like sensations evident on the November 6, 2014 office visit on which lidocaine was prescribed. Rather, the applicant was described as having mechanical shoulder pain secondary to adhesive capsulitis and rotator cuff injury. Topical lidocaine is not indicated in the clinical context present here. Therefore, the request is not medically necessary.