

Case Number:	CM14-0209529		
Date Assigned:	12/22/2014	Date of Injury:	01/04/2014
Decision Date:	02/17/2015	UR Denial Date:	11/13/2014
Priority:	Standard	Application Received:	12/15/2014

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 Internal Medicine, has a subspecialty in Hospice/Palliative Medicine and is licensed to practice in Pennsylvania. 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 57-year-old gentleman with a date of injury of 01/04/2014. The submitted and reviewed documentation did not identify the mechanism of injury. A treating physician note dated 11/03/2014 indicated the worker was experiencing right shoulder pain. The documented examination described decreased motion in the right shoulder joint. The submitted and reviewed documentation concluded the worker was suffering from cervical strain, right shoulder impingement syndrome, right shoulder rotator cuff tear that was treated with surgery, severe L5 disk degeneration, arthritis in the left first CMC joint, a possible left wrist TFCC tear, and lumbar radiculopathy involving both sides. Treatment recommendations included topical pain medication, additional physical therapy, modified activities, and follow up care. A Utilization Review decision was rendered on 11/12/2014 recommending non-certification for thirty Lidoderm (topical lidocaine) 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #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 Lidocaine Topical Analgesics Page(s): 56-57; 112.

Decision rationale: The MTUS Guidelines describe topical lidocaine is recommended to treat localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation concluded the worker was suffering from cervical strain, right shoulder impingement syndrome, right shoulder rotator cuff tear that was treated with surgery, severe L5 disk degeneration, arthritis in the left first CMC joint, a possible left wrist TFCC tear, and lumbar radiculopathy involving both sides. There was discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently support this request. In the absence of such evidence, the current request for thirty Lidoderm (topical lidocaine) 5% patches is not medically necessary.