

Case Number:	CM14-0064407		
Date Assigned:	07/11/2014	Date of Injury:	12/01/2005
Decision Date:	02/25/2015	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	05/07/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New Jersey

Certification(s)/Specialty: Physical Medicine & Rehabil, Neuromuscular Medicine

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 55-year-old female who reported an injury on 12/01/2005. The mechanism of injury was noted as continuous trauma injury. Her diagnoses were noted to include bilateral wrist and forearm tendonitis, bilateral carpal tunnel syndrome, right lateral epicondylitis, right elbow tendonitis, bilateral shoulder strain, secondary depression and anxiety, and gastrointestinal upset due to the use of medication. Her past treatments were noted to include surgery, medication, OrthoStim, a night splint, elbow brace, and physical therapy. Diagnostic studies were noted to include an unofficial MRI of the right shoulder, which was noted to reveal a superior labral tear with anterior and posterior extension, partial articular surface tear of supraspinatus tendon and subacromial/subdeltoid bursitis. There was also an unofficial MRI of the left shoulder performed on the same date, which was noted to reveal a full thickness tear of the supraspinatus tendon and posterior labral tear. Her surgical history was noted to include left shoulder open repair surgery performed on 09/27/2011 and right shoulder open repair surgery performed on 07/16/2013. During the assessment on 03/24/2014, the patient complained of neck pain, greater on the left than the right. She also complained of bilateral shoulder and scapula area pain. She indicated the shoulder pain radiated to the arms and caused numbness in her hands. There were also complaints of bilateral wrist and pain and right elbow pain. The patient reported difficulty with sleeping due to the pain. The physical examination of the left shoulder revealed a well healed 2 inch surgical scar. Her left shoulder range of motion was noted as abduction of 80 degrees and flexion of 100 degrees. The physical examination of the right shoulder was noted to reveal a well healed 2 inch surgical scar over the superior aspect

of the shoulder. Her range of motion was noted as abduction of 130 degrees and flexion of 150 degrees. The physical examination of the elbow and forearm revealed tenderness to palpation of the lateral elbow on the right. There was no tenderness of the left elbow. The range of motion of the elbow and forearm was normal bilaterally. Her medications were noted to include Percocet 7.5/325 mg 3 times a day as needed for pain, naproxen sodium 550 mg twice a day as needed for pain, Lidoderm patch 5%, omeprazole 20 mg daily, and Ambien 10 mg at bedtime. The treatment plan was to continue with medication and request authorization for hand surgery re-evaluation. The rationale for the request was not provided. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5 Percent 10 cm x 14 cm 700 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Page(s): 56-57.

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

Decision rationale: The request for Lidoderm Patch 5 Percent 10 cm x 14 cm 700 mg #30 is not medically necessary. The California MTUS Guidelines indicate that may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (such as gabapentin or Lyrica). The clinical documentation did not indicate that the injured worker had attempted gabapentin or Lyrica prior to the use of the Lidoderm patch. Additionally, the application site for the patch was not provided. Given the above, the request for Lidoderm Patch 5 Percent 10 cm x 14 cm 700 mg #30 is not medically necessary.