

Case Number:	CM15-0003173		
Date Assigned:	01/27/2015	Date of Injury:	04/29/2005
Decision Date:	03/27/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/07/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 61 year old female, who sustained an industrial injury on 04/29/2005. She has reported subsequent neck and right shoulder pain and was diagnosed with pain disorder, status post right shoulder arthroscopy, full thickness rotator cuff tear with retraction, right subacromial/subdeltoid bursitis, right rotator cuff muscle atrophy and cervicalgia. Treatment to date has included oral and topical pain medication, physical therapy and chiropractic therapy. The utilization review physician indicated that progress notes from 12/2014 were reviewed but these notes were not submitted for review. In a progress note dated 07/22/2014, the injured worker complained of continued 4-5/10 neck and right shoulder pain but that therapy had helped the pain. Objective physical examination findings were notable for pain with range of motion of the cervical spine, extremely limited range of motion of the right shoulder, positive Neer's, positive 90 degree crossover impingement test, positive Apley's and Hawkins' tests. There is no medical documentation in the record relating to the current treatment request. On 12/30/2014, Utilization Review non-certified a request for Lidoderm gel, noting that topical Lidocaine is only supported in a dermal patch. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Gel 120gm #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Pain, Topical analgesics

Decision rationale: ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain 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 indicates lidocaine "Non-neuropathic pain: Not recommended."The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. Topical Lidocaine is only supported in a dermal patch, gel formulations of lidocaine are not indicated for neuropathic pain, as such Lidoderm Gel 120gm #120 is not medically necessary.