

Case Number:	CM15-0106018		
Date Assigned:	06/10/2015	Date of Injury:	03/16/2013
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 43 year old female who sustained an industrial injury on 03/16/2013. She reported continued pain in her low back, abdomen, right ankle, and right shoulder. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, unspecified, rotator cuff syndrome, and ankle sprain. Treatment to date for the right shoulder has been conservative and has included topical medications, paraffin wax treatments to the right shoulder and low back, which relaxed her muscles and gave mild symptom relief, and a steroid injection to the right shoulder, which provided minimal relief. Currently (03/16/2015) the injured worker complains of pain at a level of 8/10 in the right shoulder. The right shoulder pain and decreased range of motion limits her ability to do most of her activities of daily living with her right arm. She also has difficulty standing or walking for long periods of time due to lumbar and ankle pain. She is awaiting Lidoderm 5% patches for lumbar back pain and has had a trial of these from the provider's office. According to the patient, medications relieve her pain about 30%. She has a request for authorization of Celebrex instead of Naproxen due to endoscopic proven gastritis and ventral hernia repair 09/05/2014. Examination finds decreased range of motion in the right shoulder, reduced and painful range of motion in the right ankle, and decreased lumbar range of motion. The abdomen is tender to palpation 7 o'clock inferior to umbilical abdomen. Treatment plans include a right shoulder orthopedic evaluation, continuation of her home exercise program and transcutaneous electrical nerve stimulation (TENS) unit. A request for authorization is made for Lidoderm 5% patch Qty 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding request for Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has localized peripheral neuropathic pain after failure of first-line therapy. In the absence of such documentation, the currently requested Lidoderm is not medically necessary.