

Case Number:	CM15-0107733		
Date Assigned:	06/12/2015	Date of Injury:	12/01/2004
Decision Date:	07/13/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/04/2015

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:

This 66 year old female sustained an industrial injury to the neck and shoulder on 12/1/04. Magnetic resonance imaging arthrogram left shoulder (11/21/14) showed tendinitis. Magnetic resonance imaging cervical spine (4/23/07) showed multilevel spondylosis. Previous treatment included left shoulder rotator cuff repair (2005), physical therapy, epidural steroid injection, and medications. Recent requests for a repeat cervical spine epidural steroid injection and upper extremity electromyography had been denied. In a PR-2 dated 3/26/15, the injured worker complained of ongoing neck pain with radiation to the left fingers. Physical exam was remarkable for cervical spine with decreased range of motion and positive Spurling's test, numbness in the left third, fourth and fifth fingers and left shoulder with tenderness to palpation to the acromion and intertubercular sulcus with positive impingement, Hawkin's, Speed and O'Brien and decreased range of motion with pain and mild weakness. Current diagnoses included cervicalgia with left arm radiculopathy, left shoulder pain and left shoulder rotator cuff tear status post repair. The physician recommended Flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medi-patch pad lidocaine quantity 10: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8
C.C.R Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidocaine, 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. As such, the currently requested topical lidocaine is not medically necessary.