

Case Number:	CM15-0134276		
Date Assigned:	07/22/2015	Date of Injury:	12/29/2014
Decision Date:	08/18/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

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 is a 43-year-old female, who sustained an industrial injury on December 29, 2014, incurring shoulder, back and arm injuries. She was diagnosed with impingement syndrome and rotator cuff tendinosis of the right shoulder, left shoulder sprain, right lateral epicondylitis and a right wrist sprain. Treatment included acupuncture, physical therapy, pain medications topical analgesic patches and work restrictions. Currently, the injured worker complained of right shoulder pain radiating into the right arm with numbness and tingling. She rated her pain a 10 on a pain scale of 1 to 10. She complained of mid back pain and right wrist pain with numbness and tingling into the right fingers. The treatment plan that was requested for authorization included a prescription for Lidocaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #60 with 1 refill: 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 (1) Lidoderm (lidocaine patch). p56-57 (2) Topical Analgesics, p111-113 Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury in December 2014 and continues to be treated for right shoulder pain. When seen, she was having pain radiating into her right arm. She was having difficulty sleeping. She was continuing to perform home exercises. Right shoulder surgery had been recommended. Physical examination findings included decreased right shoulder range of motion with positive impingement testing. In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. Lidoderm is not a first-line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. In this case, there are other treatments, including topical medications that could be considered. Lidoderm was not medically necessary.