

Case Number:	CM15-0140598		
Date Assigned:	07/30/2015	Date of Injury:	04/10/2014
Decision Date:	08/27/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/20/2015

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 is a 42 year old female patient who sustained an industrial injury on April 10, 2014. A recent primary treating follow up dated June 09, 2015 reported the patient prescribed returning to a modified work duty. The patient had subjective complaint of left shoulder and right ankle pain. She is status post a fall at work with resulting injury. She states taking Ibuprofen 400mg twice daily. She reports the left wrist as being resolved and the main pain is the right ankle which shoots into the leg. The left shoulder still hurts with lifting overhead and lifting arm out to the side. The following diagnoses were applied: labral tear and impingement, left shoulder; left wrist sprain, resolved; unstable right ankle, and possible allergic reaction to Lodine. The plan of care involved obtaining blood work up and urinalysis; advised to discontinue Ibuprofen; and prescribed Lidoderm patches 5%. An orthopedic follow up dated July 13, 2015 reported the patient with complaint of right ankle pain walking with a limb and experiencing pain along the lateral side of the ankle at the distal fibula with slight laxity noted. She is reporting the Lidoderm patches causing nausea and terrible headaches. She also mentions wishing to decrease her modified work hours down by an hour since she is not taking pain medications. There is a pending orthopedic appointment to evaluate the left shoulder on July 15, 2015. She was prescribed Max Freeze for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidoderm patch 5%, #30 (cut 1 patch in 1/2 and apply 1/2 patch over the area of right ankle pain and apply 1/2 patch over area of left shoulder pain up to 12 hours in a 24 hour period as needed) dispensed on 06/09/2015: Upheld

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

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 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 failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. Finally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested lidoderm is not medically necessary.