

Case Number:	CM15-0143174		
Date Assigned:	08/04/2015	Date of Injury:	06/01/2013
Decision Date:	09/22/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/23/2015

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: Anesthesiology, 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 56 year old male, who sustained an industrial injury on 06-01-2013. The injured worker is currently temporarily totally disabled and permanent and stationary. The injured worker is currently diagnosed as having right rotator cuff tear arthropathy, chronic pain syndrome, right carpal tunnel syndrome, cubital tunnel syndrome, right impingement syndrome of shoulder region, and right rupture of tendon of biceps. Treatment and diagnostics to date has included right shoulder surgery with postoperative physical therapy, wrist surgery with postoperative physical therapy, injections, and medications. In a progress note dated 05-26-2015, the injured worker reported right shoulder symptoms. Objective findings included limited shoulder range of motion. The treating physician reported requesting authorization for Lidocaine 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% (700mg/patch) #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Patch Page(s): 56.

Decision rationale: Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and anti-pruritics. According to the documents available for review, the injured worker has none of the aforementioned MTUS approved indications for the use of this medication. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.