

Case Number:	CM15-0143642		
Date Assigned:	08/04/2015	Date of Injury:	02/02/2000
Decision Date:	08/31/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/24/2015

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 54-year-old male, who sustained an industrial injury on 7-26-13. Initial complaint was of his right shoulder. The injured worker was diagnosed as having right rotator cuff tear; cervical radiculopathy. Treatment to date has included physical therapy; Work Conditioning Program. Currently, the PR-2 notes dated 6-30-15 are hand written and difficult to decipher. A typed PR-2 note dated 4-9-15 indicated the injured worker returned on this date for an evaluation. He has been attending physical therapy treatment for his cervical spine and is doing home exercises for his shoulder. He complains of weakness in the right upper extremity. This provider documents a physical examination noting good range of motion of the right shoulder. There is weakness of the abductors, internal and external rotators of the right shoulder. Abduction is to 160 degrees, external rotation is 60 degrees and internal rotation is 50 degrees. The injured worker is noted to have pain with range of motion of the cervical spine. The provider documents his recommendation of a course of work hardening for the right shoulder. The provider notes he should remain on temporary total disability for the next six weeks and after which he should return to his regular duties. The provider is requesting authorization of Work Conditioning Program, right shoulder (visits) QTY: 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% #30 Refills: 1 (Rx 07/14/2015): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Lidoderm (lidocaine patch) Page (s) 56-57. (2) Topical Analgesics, Page(s): 56-57, 111-113.

Decision rationale: The claimant sustained a work injury in July 2013 and continues to be treated for right shoulder pain and neck pain when seen; he was having ongoing difficulty sleeping despite the use of medications including oral Gabapentin and Lidoderm. He was performing a regular home exercise program and bicycling daily. Physical examination findings included a BMI of over 38. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Lidoderm 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. In this case, other topical treatments could be considered. Lidoderm was not medically necessary.