

Case Number:	CM15-0144045		
Date Assigned:	08/05/2015	Date of Injury:	12/01/2010
Decision Date:	09/22/2015	UR Denial Date:	06/24/2015
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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative Medicine

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 51 year old female who sustained an industrial injury on 12-1-10. The injured worker was diagnosed as having right lateral epicondylitis, right wrist de Quervain's syndrome and status post right shoulder surgery. Currently, the injured worker reported pain in the right upper arm and right shoulder. Previous treatments included topical patches, transcutaneous electrical nerve stimulation unit, nonsteroidal anti-inflammatory drugs and oral pain medication. Previous diagnostic studies included a functional capacity evaluation (3-26-15). The injured work status was noted as able to work with restrictions. The injured workers pain level was noted as 6-7 out of 10 without oral pain medication and 2-3 out of 10 with oral pain medication. Physical examination was notable for bilateral upper extremities with muscle strength at 5 out of 5 and sensation at normal limits to pinprick. The plan of care was for Lidocaine 5% patch, quantity of 30 with 3 refills for shoulder pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch, #30 with 3 refills for shoulder pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical Analgesics, Lidocaine Page(s): 56-57, page 112.

Decision rationale: The MTUS Guidelines support the use of topical lidocaine in treating localized peripheral pain if the worker has failed first line treatments. Topical lidocaine is not recommended for initial treatment of chronic neuropathic pain due to a lack of evidence of benefit demonstrated in the literature. First line treatments are described as tricyclic antidepressant, serotonin-norepinephrine reuptake inhibitor, and anti-epileptic (gabapentin or pregabalin) medications. The submitted and reviewed documentation indicated the worker was experiencing right arm and shoulder pain and numbness and tingling in both hands. There was no discussion indicating the worker had failed first line treatments or describing special circumstances that sufficiently supported this request. Further, these records reported the worker only used this medication a few times a month, and the large amount of medication requested would not allow for changes in the worker's care needs. For these reasons, the current request for 30 topical lidocaine 5% patches for shoulder pain with three refills is not medically necessary.