

Case Number:	CM15-0148256		
Date Assigned:	08/11/2015	Date of Injury:	06/26/2014
Decision Date:	09/09/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/30/2015

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: Preventive Medicine, Occupational 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 36 year old male, who sustained an industrial injury on 6-26-14. He reported injury to his right shoulder and underwent a right shoulder arthroscopic rotator cuff repair and subacromial decompression. The injured worker was diagnosed as having right shoulder sprain, rotator cuff injury and adhesive capsulitis. Treatment to date has included physical therapy, right shoulder injections, Terocin patch and Thermancare heat wrap. On 4-20-15 the injured worker reported blood in his stools and was told he was unable to tolerate NSAIDs. As of the PR2 dated 7-15-15, the injured worker reports difficulty with any sustained overhead activities or lifting with right arm. He rates his pain an 8 out of 10 at worst and a 6 out of 10 at best. Objective findings include right shoulder flexion 90 degrees, abduction 90 degrees and a positive Hawkin's test. The treating physician noted that the injured worker has difficulty tolerating oral medications. The treating physician requested Lidoderm 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 Percent Patch Daily for 12 Hours on 12 Hours off #30 Prescribed 7/15/15:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch) Section Page(s): 56, 57.

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm 5 percent patch daily for 12 Hours on 12 Hours off #30 prescribed 7/15/15 is determined to not be medically necessary.