

Case Number:	CM15-0149241		
Date Assigned:	08/12/2015	Date of Injury:	03/31/2011
Decision Date:	09/15/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/31/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 49 year old female who sustained an industrial injury on 3-31-11. She had complaints of face, right shoulder and neck pain. Treatments include: medications and physical therapy. Progress report dated 7-8-15 reports continued complaints of pain with multiple injury issues. The pain is rated 8 out of 10. Diagnoses include: right shoulder tendinitis, tenosynovitis, bicipital and myofascial pain and chronic pain syndrome. Plan of care includes: request right shoulder orthopedic evaluation and follow up, lidoderm patches, #60, discussed cortisone injections and would benefit from TENS unit, ultrasound. Work status: return to modified work with restrictions of no lifting greater than 15 pounds, no repetitive work above right shoulder and allow stretching breaks 15 minutes every hour.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch qty: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

Decision rationale: The patient presents with left wrist, forearm and elbow pain after a crush injury. The current request is for Lidoderm patch #60. The treating physician states that the Lidoderm patches are helpful. The patient is dropping objects in the left hand. The MTUS guidelines state, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain: Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the treating physician has not provided documentation of a failed first-line therapy or functional improvement from Lidoderm patches previously used. The current request is not medically necessary.