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| Case Number: | CM15-0161552 | | |
| Date Assigned: | 08/27/2015 | Date of Injury: | 01/19/2009 |
| Decision Date: | 09/30/2015 | UR Denial Date: | 07/27/2015 |
| Priority: | Standard | Application Received: | 08/17/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 58 year old male who sustained an industrial injury on 01/19/2009. Mechanism of injury was a slip and fall on stairs. Diagnoses include right frozen adhesive capsulitis, right rotator cuff syndrome with a supraspinatus tendon tear, right shoulder bursitis-tendinopathy, status post right arthroscopic surgery on 04-22-2011 and 09-28-2012, and depression. Treatment to date has included diagnostic studies, medications, cognitive behavioral sessions, psychotherapy, physical therapy, and home exercises. His medications include Norco as needed, Lidoderm patch, and Cymbalta. A urine drug screen done on 04-22-2015 was consistent with his medications. A physician progress note dated 05-27-2015 documents the injured worker complains of persistent shoulder pain. He has limited range of motion in the shoulder. He rated his pain as a 5-7 out of 10. His activity level was 2-3 of 5, and his sleep was fair. On examination there was tenderness at the superior aspect and anterior posterior areas on the right. The treatment plan includes continuing the Cymbalta and Norco and he is to continue his home exercise program. He will follow up in 7 weeks. Treatment requested is for Lidoderm dis. 5% #30, 1 every hs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Dis 5% #30, 1 at bedtime: 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 topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches is not recommended. The claimant had a prior 3 months refill order from April 2015. There was no indication of reduction of Norco use. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.