

Case Number:	CM15-0164112		
Date Assigned:	09/01/2015	Date of Injury:	03/12/2013
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/21/2015

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: Connecticut, California, Virginia
 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 45 year old female, who sustained an industrial injury on March 12, 2013. She reported a pop in her right ear along with sharp pain in her right shoulder and right elbow. The injured worker was currently diagnosed as having previous subacromial decompression of the right shoulder with residual subacromial bursitis and residual symptomatic chondromalacia of right knee. Treatment to date has included diagnostic studies, surgery, physical therapy, exercise and medication. On July 13, 2015, the injured worker complained of residual shoulder pain aggravated with heavy lifting and reaching and residual knee pain aggravated with squatting and banding. She also reported ongoing neck pain and cervical radicular complaints and ongoing lumbar pain with lumbar radicular complaints. She has radiation of pain from the neck to bilateral shoulder girdles and radiation of pain from the back and above lower extremities. The treatment plan included self-directed exercises and follow-up visit. A request was made for Lidoderm 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch with 1 refill (refills remaining 1): 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 Lidoderm
Page(s): 56-57.

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case the chronic nature of the case brings into question the efficacy of chronic treatment. There is no considerable objective evidence of functional improvement in the provided records to support continued use of Lidoderm patches, and therefore the request for topical lidocaine at this time is not medically necessary.