

Case Number:	CM15-0182839		
Date Assigned:	09/23/2015	Date of Injury:	04/04/2014
Decision Date:	11/03/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/17/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 female, who sustained an industrial injury on 04-04-2014. She has reported subsequent neck, left shoulder and left arm pain and was diagnosed with cervical degenerative disc disease, cervical radiculopathy, adhesive capsulitis, bursitis of shoulder and SLAP tear of the left shoulder. MRI of the left shoulder on 07-11-2014 showed moderate supraspinatus tendinosis with very low grade articular-sided tearing of the anterior leading edge fibers just proximal to the footprint and the bursal-sided fraying, mild subscapularis tendinosis with low grade interstitial tearing of its mid-fibers to the footprint, SLAP tear extending posteriorly to the 10 o'clock position and into the bicep anchor, moderate acromioclavicular arthrosis with mild reactive bone marrow edema and mild thickening and edema in the anterior band of the inferior glenohumeral ligament. Treatment to date has included oral and topical pain medication, physical therapy and corticosteroid injection of the left shoulder. Physical therapy was noted to have exacerbated left shoulder pain. The injured worker was noted to be unable to tolerate most medications secondary to adverse side effects and had been taking Ibuprofen and Advil against medical advice. The physician noted that it was recommended that the injured worker take either or and to continue topical creams, gel. Lidocaine Hydrochloride 3% was requested on 07-29-2015. In a progress note dated 08-26-2015, the injured worker reported radicular left shoulder, supraspinatus and rhomboid pain with radiculitis into the left hand and digits and pain in the left third digit. Objective examination findings showed tenderness to palpation over the left supraspinatus, infraspinatus and rhomboids, tenderness over the bicipital groove, reduced range of motion of the left shoulder, positive

Hawkins and Speed's test on the left and mildly positive cross arm test. The injured worker was noted to have been working modified duty but work status was documented as off duty until the next appt. A request for authorization of Lidoderm topical gel was submitted. As per the 09-08-2015 utilization review, the request for of Lidoderm topical gel was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm topical gel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain 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). The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidoderm is not recommended at this time. The request is not medically necessary.