MAXIMUS Federal Services

Case Number:	CM15-0185151		
Date Assigned:	09/25/2015	Date of Injury:	08/07/2009
Decision Date:	11/06/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/21/2015

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: Texas, 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:

This 48-year-old woman sustained an industrial injury on 8-7-2009. Evaluations include an undated arm x-ray and an undated left shoulder MRI showing a full thickness rotator cuff tear with maceration of the supraspinatus tendon and changes to the acromioclavicular joint. Treatment has included oral medications, modified activities, and physical therapy. Physician notes dated 8-20-2015 show complaints of left shoulder pain rated 6 out of 10. The physical examination shows moderate spine and tenderness in the shoulder. Range of motion shows forward flexion 160 degrees, normal extension, abduction 160 degrees, and internal rotation 80 degrees with negative impingement. Recommendations include Lidocaine patch, Ibuprofen, continue home exercise program, and follow up in three months. Utilization Review modified a request for Lidocaine patches on 9-2-2015. The patient sustained the injury due to slip and fall incident. The patient's surgical history includes left shoulder surgery in 9/2010. The medication list includes Ibuprofen and Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch, Qty 30 with 3 refills: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: Lidocaine patch, Qty 30 with 3 refills. According to the MTUS Chronic Pain Guidelines regarding topical analgesics state that the use of topical analgesics is "Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of anti-depressants and anti-convulsants have failed." There is little to no research to support the use of many of these agents. Per the cited guidelines, "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." Evidence of post herpretic neuralgia or diabetic neuropathy is not specified in the records provided, in this patient. Topical lidocaine is not recommended by MTUS in such a patient. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of anti-depressants and anti-convulsants have failed to relieve symptoms. A trial of anti-depressants and anti-convulsants for these symptoms were not specified in the records provided. Intolerance or contraindication to oral medications is not specified in the records provided. The medical necessity of Lidocaine patch, Qty 30 with 3 refills is not medically necessary in this patient.