

Case Number:	CM15-0186559		
Date Assigned:	10/21/2015	Date of Injury:	10/30/2004
Decision Date:	12/03/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	09/22/2015

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

Certification(s)/Specialty: Emergency 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 female injured worker sustained an industrial injury on 10-30-04. The injured worker is diagnosed with right shoulder impingement syndrome and trapezius and rhomboid strain. Her disability status is permanent and stationary with restrictions. A note dated 8-26-15 reveals the injured worker presented with complaints of constant, tight neck and shoulder pain rated at 8-9 out of 10 associated with intermittent pinching pain in her right shoulder. The pain is aggravated by reaching above shoulder level and behind. A physical examination dated 8-26-15 revealed limited cervical range of motion, "tenderness over the right upper trapezius with trigger point palpated causing pain down the right arm". "There is tenderness over the anterolateral subacromial space, rhomboids and the shoulder impingement sign is positive on the right." Treatment to date has included physical therapy resulted in continued symptoms, right shoulder injections (4) provided temporary relief per note dated 3-31-15 and medications; Nortriptyline (3-2015), Lidocaine patch (3-2015), Tylenol #3 (3-2015), Skelaxin, Ibuprofen. Diagnostic studies include right shoulder MRI, which revealed supraspinatus tendinopathy with a partial tear and a biceps tendon partial tear per note dated 3-31-15. A request for authorization dated 8-26-15 for Lidocaine patch 5% #30 with 1 refill non-certified, per Utilization Review letter dated 9-14-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidocaine patch 5% #30 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: As per MTUS chronic pain guidelines, lidoderm is only approved for peripheral neuropathic pain, specifically post-herpetic neuralgia. There is poor evidence to support its use in other neuropathic pain conditions such as spinal pain. It may be considered after failure of 1st line medication. Patient does not have a clear cut diagnosis, history or exam consistent with neuropathic pain. There is no documentation of failure of 1st line medication. Lidoderm/lidocaine patch is not medically necessary.