

Case Number:	CM15-0200072		
Date Assigned:	10/15/2015	Date of Injury:	10/10/2012
Decision Date:	12/01/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/12/2015

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, North Carolina
 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 54 year old female, who sustained an industrial injury on 10-10-2012. The medical records indicate that the injured worker is undergoing treatment for lumbago, sciatic, and long-term use of medications. According to the progress report dated 9-18-2015, the injured worker presented with complaints of ongoing low back and left shoulder pain. The level of pain is not rated. The physical examination of the left shoulder reveals tenderness over the acromioclavicular joint and subdeltoid bursa. Movements are restricted with abduction, limited to 80 degrees due to pain. There is a positive Tinel's sign. The examination of the lumbar spine was not indicated. The current medications are Lidocaine patch (some benefit). There is documentation of ongoing treatment with Lidocaine since at least 2014. Treatments to date include medication management, physical therapy, aqua therapy, TENS unit, and lumbar facet injections. Work status is described as permanent and stationary. The original utilization review (9-28-2015) had non-certified a request for left suprascapular injection with ultrasound and Lidoderm 5% patch #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left suprascapular injection with ultrasound x1: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s):
Summary.

Decision rationale: CA MTUS/ACOEM shoulder guidelines support the use of subacromial lidocaine injections as part of an exercise rehabilitation program. In this case, the request is for a left subscapular injection with ultrasound guidance. The patient complains of low back and left shoulder pain. There is no recent evidence of conservative therapy or rehab trials and failures submitted. Therefore the request for an injection without the patient's active participation in a rehab program is not medically necessary or appropriate.

Lidoderm 5% patch, #30: Upheld

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

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to demonstrate safety or efficacy. There is little to no research to support the use of many of these agents. Lidocaine patches are recommended for localized peripheral nerve pain after there has been a failure of first-line agents, such as antidepressants and anticonvulsants. In this case, there is no documentation of trial and failure of first-line agents. There is also no evidence of testing to confirm neuropathic pain. There is also no evidence of a plan for duration of use of the Lidocaine patches. Therefore the request is not medically necessary or appropriate.