

Case Number:	CM15-0208767		
Date Assigned:	10/27/2015	Date of Injury:	05/21/2014
Decision Date:	12/16/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/23/2015

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, New York, California
 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of May 21, 2014. In a utilization review report dated October 22, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced an October 12, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 31, 2015, the applicant reported ongoing issues with chronic shoulder pain for which the applicant was reportedly using oral diclofenac, oral Flexeril, topical Lidoderm patches, and topical Biofreeze Gel, the treating provider reported. The applicant's right shoulder was described as the primary pain generator. A rather proscriptive 10-pound lifting limitation was imposed. It was acknowledged that the applicant was not working with said limitation in place. Several medications were renewed and/or continued, without any seeming discussion of medication efficacy. On October 12, 2015, the applicant reported ongoing issues with shoulder pain reportedly attributed to tendinosis of the supraspinatus and subscapularis tendons. The applicant was apparently pending shoulder surgery for the same, the treating provider reported. The attending provider apparently reiterated his request for the topical Lidoderm patches in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

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

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, here, however, progress notes of October 12, 2015 and August 31, 2015 suggest that the applicant had mechanical shoulder pain complaints present. The applicant was reportedly contemplating shoulder surgery for shoulder tendinosis, it was reported on October 12, 2015. There was no mention of the applicant's having neuropathic pain complaints about the injured shoulder, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, are characterized by numbing, tingling, lacinating, and/or burning-like symptoms, i.e., symptoms which are not seemingly reported here on October 12, 2015 or on August 31, 2015. There was likewise no mention of the applicant's having failed antidepressant adjuvant medications or anticonvulsant adjuvant medications as of either date at issue. Therefore, the request was not medically necessary.