

Case Number:	CM15-0208804		
Date Assigned:	10/27/2015	Date of Injury:	05/20/2015
Decision Date:	12/08/2015	UR Denial Date:	10/23/2015
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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 injured worker is a 46 year old female who sustained an industrial injury on 5-20-15. She is working fulltime. The medical records indicate that the injured worker has been treated for right shoulder contusion; right hip contusion; right arm contusion; thoracic sprain-strain. She currently (10-13-15) complains of neck pain radiating proximally to her head, right shoulder and upper back associated with cramping, throbbing, achy, dull sensation and stiffness with a pain level of 4 out of 10 and there was limited range of motion; moderate constant right shoulder pain radiating to the neck and down the arm and was associated with numbness, tingling, cramping, locking and weakness with a pain level of 4-5 out of 10 and limited range of motion; constant right elbow-wrist pain radiating to the forearm, hands and fingers, associated with numbness, stiffness, popping, a pain level of 5 out of 10 with limited range of motion; constant right hip pain radiating to the buttocks, right groin, low back and down the right leg with a pain level of 7-8 out of 10, limited range of motion, with stiffness, locking giving way. Since the injury her activities of daily living are limited in the areas of hygiene, grooming, typing, writing, prolonged standing, sitting, walking, bending, stooping, grasping decreased sensation, loss of libido, sleep difficulties. On physical exam of the right shoulder there was tenderness to palpation of the right acromioclavicular joint, decreased range of motion, positive Yergason's test, positive drop arm, Hawkin's Kennedy tests; the right forearm has normal range of motion with tenderness to palpation. Diagnostics include MRI of the right shoulder (9-12-15) showing mild, possibly posttraumatic or inflammatory arthrosis of the acromioclavicular joint; tendinosis partial tear bursal surface supraspinatus and infraspinatus, mild tendinosis subscapularis. Treatments to date

include physical therapy to the right shoulder; medication: ibuprofen, Tylenol #3, Soma; activity modification; ice; heat; transcutaneous electrical nerve stimulator unit. The request for authorization dated 10-13-15 was for MRI of the right shoulder; Lidocaine 5% patch #2 boxes (appears to be a new prescription). On 10-23-15 Utilization Review non-certified the requests for Lidocaine 5% patch #2 boxes; MRI of the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patches (box) Qty: 2.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine 5% patches (box) #2 are not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are right shoulder contusion; right hip contusion; thoracic sprain strain; and right arm contusion. Date of injury is May 20, 2015. Request for authorization is October 13, 2015. According to an October 13, 2015 initial evaluation, subjective complaints include ongoing neck, right shoulder numbness and tingling and lower arm and pain. Objectively, the documentation states see attached form. There is no physical examination on the attached form. There is a request to retrieve all prior medical records. The treating provider is requesting lidocaine 5% patch. There is no clinical discussion, indication or rationale for the lidocaine 5% patch in the medical record. The lidocaine 5% patch appears in the request for authorization. There is no documentation of failed first-line treatment with anticonvulsants and antidepressants. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of failed first-line treatment and no clinical discussion, indication or rationale for lidocaine 5% patches, lidocaine 5% patches (box) #2 is not medically necessary.

MRI of right shoulder without contrast Qty: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Magnetic resonance imaging (MRI).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, MRI shoulder.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI right shoulder without contrast is not medically necessary. MRI and arthropathy have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. The indications for magnetic resonance imaging are rated in the Official Disability Guidelines. They include, but are not limited to, acute shoulder trauma, suspect rotator cuff tear/impingement, over the age of 40, normal plain radiographs; subacute shoulder pain, suspect instability/labral tear; repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. In this case, the injured worker's working diagnoses are right shoulder contusion; right hip contusion; thoracic sprain strain; and right arm contusion. Date of injury is May 20, 2015. Request for authorization is October 13, 2015. According to an October 13, 2015 initial evaluation, subjective complaints include ongoing neck, right shoulder numbness and tingling and lower arm and pain. Objectively, the documentation states see attached form. There is no physical examination on the attached form. There is a request to retrieve all prior medical records. The documentation indicates the injured worker had a prior right shoulder MRI on September 12, 2015. The treating provider requested medical records including all diagnostic testing. The MRI did not show evidence of a rotator cuff tear. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and or findings suggestive of significant pathology. There is no clinical indication or rationale for repeating the MRI of the right shoulder. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for repeating an MRI of the right shoulder that was performed September 12, 2015, MRI right shoulder without contrast is not medically necessary.