

Case Number:	CM15-0021196		
Date Assigned:	02/10/2015	Date of Injury:	05/31/2012
Decision Date:	03/26/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	02/04/2015

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: New Jersey
 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 44 year old female sustained an industrial injury on 5/31/12. She subsequently reports chronic right shoulder pain. The injured worker has undergone right shoulder surgery. Treatment to date has included physical therapy, injections and prescription pain medications. On 1/19/15, Utilization Review non-certified a request for Lidoderm patch 5% #30 and Ibuprofen 600mg #60. The Lidoderm patch 5% #30 and Ibuprofen 600mg #60 requests were denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, although there was a report of some improvement in the pain (slight) with the use of this medication, allowing for less use of NSAIDs, lidocaine does not seem to be indicated as there was no evidence of neuropathic pain (subjective or objective findings). Therefore, the Lidoderm patches will be considered medically unnecessary.

Ibuprofen 600mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, although there was a report of some improvement in the pain (slight) with the use of this medication, along with Lidoderm, the chronic use of NSAIDs carries with it serious potential side effects such as heart disease, ulcers, kidney damage, etc.. Considering the slight benefit only from the use of this medication, in the opinion of the reviewer, there is not enough justification to continue the chronic use of ibuprofen. Also, there was no indication that the worker was experiencing an acute flare, which might have warranted a short course of NSAIDs. Therefore, the ibuprofen will be considered medically unnecessary.