

<b>Case Number:</b>	CM15-0032954		
<b>Date Assigned:</b>	03/26/2015	<b>Date of Injury:</b>	12/05/2013
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: New York, West Virginia, Pennsylvania  
 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 injured worker is a 50 year old, male patient who sustained an industrial injury on 12/05/2013. An occupational follow up visit dated 01/29/2015, reported subjective complaint of still having residual right shoudder pain that is aggravated with attempted lifting, reaching and pushing activities. He did undergo placement of an acromioclavicular injection that helped to some degree, but still pain in the subcromial and the distal clavicle areas. He did undergo prior rotator cuff repair on the right. He had subsequent revision of subcromial decompression on the right shoulder. October 2014, he had magnetic resonance imaging of shoulder. Objective findings showed the right shoulder with healed arthroscopic skin incisions. There is residual tenderness of the subcromial bursa and the distal clavicle on the right. There is moderate tenderness about the right trapezius. The clinical impression noted previous rotator cuff repair and subcromial decompression of the right shoulder with residual loss of range of motion and weakness. The plan of care described the patient having plateaued from the benefits of orthopedic treatment and would recommend continuing with self-directed exercise and have permanent prophylactic work preclusions. He is to follow up with primary care physician, possible second opinion and follow up in 6 weeks. A primary treating office visit dated 02/03/2015 reported the following diagnoses: status post right shoulder impingment syndrome, status post surgery, contusion of right shoulder, contusion of knee and abrasion hip, thigh, leg and ankle without infection. The patient is to return to modified work duties.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine 5% patch #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics.

**Decision rationale:** Although largely experimental, guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In this case, the patient has shoulder pain. Written documents lack evidence of failed trials of first line medications. There is no evidence that oral pain medications are insufficient to alleviate pain. Thus, the request for lidocaine 5% #30 is not medically appropriate and necessary.