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| Case Number: | CM15-0036723 | | |
| Date Assigned: | 03/05/2015 | Date of Injury: | 10/09/2012 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 01/26/2015 |
| Priority: | Standard | Application Received: | 02/26/2015 |

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] employee who has filed a claim for claim for chronic shoulder and arm pain reportedly associated with an industrial injury of October 9, 2012. In a Utilization Review Report dated January 26, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced an RFA form received on January 20, 2015, in its determination. The applicant's attorney subsequently appealed. In an RFA form dated January 16, 2015, Lidoderm patches were endorsed for stated diagnosis of shoulder tendonitis and/or shoulder bursitis. In an associated progress note of January 15, 2015, the applicant was given a solitary diagnosis of shoulder tendonitis. A rather proscriptive 5-pound lifting limitation was endorsed, along with an ergonomic evaluation. Lidoderm patches were proposed. The applicant was status post shoulder surgery, it was stated. The applicant was described as having residual symptoms of internal impingement about the injured shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #30 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms; Lidocaine Page(s): 3; 112.

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/neuropathic pain in applicants in whom there has been a trial of first line treatment with antidepressants adjuvant medications and/or anticonvulsants adjuvant medications, in this case, however, there was no mention of the applicant having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications on or around the date in question. The applicant presentation was, furthermore, suggestive of mechanical shoulder pain/impingement syndrome of the shoulder, a diagnosis which is not classically associated with neuropathic pain, which per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by numbing, tingling, burning and/or electric shock like sensations. No such symptoms were seemingly present here. Rather, the applicant's presentation was suggestive of mechanical shoulder pain associated with impingement syndrome. Therefore, the request was not medically necessary.