

Case Number:	CM15-0038223		
Date Assigned:	03/06/2015	Date of Injury:	11/24/2010
Decision Date:	04/17/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53-year-old female, who sustained an industrial injury on 11/24/2010. The current diagnoses are shoulder pain, hip pain, and muscle spasms. Currently, the injured worker complains of right shoulder and right hip pain. The pain is rated 7/10 without medications. Current medications are Lidoderm 5% patch and Pennsaid 1.5%. The physical examination of the right shoulder reveals tenderness to palpation over the biceps groove and sub-deltoid bursa. Hawkins and Empty cans test is positive. Examination of the right hip reveals tenderness over the trochanter. Faber test is positive. Treatment to date has included medications and injections. The treating physician is requesting Lidoderm 5 percent patch #30 and 18 massage therapy sessions to the right shoulder and hip, which is now under review. On 2/11/2015, Utilization Review had non-certified a request for Lidoderm 5 percent patch #30 and 18 massage therapy sessions to the right shoulder and hip. The massage therapy was modified to 6 sessions. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 percent patch, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57,112. Decision based on Non-MTUS Citation Official Disability Guidelines chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch).'

Decision rationale: The patient presents with right shoulder and right hip pain. The pain is rated 7/10 without medications. The request is for lidoderm 5 percent patch, #30. The RFA is not provided. Patient's diagnosis included shoulder pain, hip pain, and muscle spasms. Patient is permanent and stationary. MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, chapter 'Pain (Chronic)' and topic 'Lidoderm (Lidocaine patch)', it specifies that Terocin patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, a prescription for Lidoderm patch was first noted in progress report dated 08/27/14 and the patient has received the patch consistently since then. Although it is acknowledged that the patient presents with pain consistent with a neuropathic etiology, the patient does not present with localized peripheral neuropathic pain, which is a criteria, required for Lidoderm patch use. Shoulder is not a peripheral joint and these patches are not indicated for low back pain or axial chronic pain. The request is not medically necessary.

Massage therapy 1xwd x 18wks right shoulder, Hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The patient presents with right shoulder and right hip pain. The pain is rated 7/10 without medications. The request is for MASSAGE therapy 1xwd x 18wks right shoulder, HIP. The RFA is not provided. Patient's diagnosis included shoulder pain, hip pain, and muscle spasms. Patient is permanent and stationary. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Reviews of the medial records do not show a history of massage therapy. A trial of massage therapy is supported by the guidelines; however, the current request for 18 weeks of massage therapy is not supported by the guidelines. The request is not medically necessary.

