

Case Number:	CM15-0040114		
Date Assigned:	03/10/2015	Date of Injury:	03/05/2013
Decision Date:	04/21/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/03/2015

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 28 year old female, who sustained an industrial injury on 03/05/2013. She reported that while lifting a box that was approximately 35 pounds she felt a pinched nerve and pain to the left shoulder blade. The injured worker was diagnosed as having left shoulder rotator cuff syndrome, left shoulder subacromial impingement, left shoulder loose bodies, and right hand pain. Treatment to date has included magnetic resonance imaging of the left shoulder, medication regimen, physical therapy, and cortisone injection to the left shoulder. In a progress note dated 02/05/2015 the treating provider reports of persistent pain to the left shoulder that is rated a three to four out of ten on a pain scale. The treating physician requested a prescription for Lidoderm patches noting that the injured worker continues to have pain and is working full duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches #30: Upheld

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

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 Pain chapter, Lidoderm.

Decision rationale: Based on the 2/2/15 progress report provided by the treating physician, this patient presents with persistent left shoulder pain rated 3-4/10 on VAS scale that is frequent, with radiating pain into the upper arm per 11/6/14 report. The treater has asked for LIDODERM PATCHES #30 on 2/2/15. The patient's diagnoses per Request for Authorization form dated 2/9/15 are left shoulder rotator cuff syndrome, left shoulder subacromial impingement, left shoulder loose bodies, and right hand pain. The patient is s/p 2 courses of physical therapy with little relief, pain medication, cortisone injection to left shoulder without benefit, and X-rays and MRI of the left shoulder. The patient was using Tramadol but discontinued as it was not effective per 12/4/14 report. Review of the reports do not show any evidence of Lidoderm patches being used in the past. The patient is currently working full time. 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, the request for Lidoderm patches was noted in the requesting progress report dated 2/2/15. Although it is acknowledged that the patient presents with pain consistent with a neuropathic etiology, shoulder pain radiating into the upper arm. The patient does not present with localized peripheral neuropathic pain which is a criteria required for Lidoderm patch use. The shoulder is not a peripheral joint and these patches are not indicated for shoulder pain per MTUS. The request for a trial of Lidoderm patches IS NOT medically necessary.