

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0041059 | | |
| Date Assigned: | 03/11/2015 | Date of Injury: | 02/06/2012 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/19/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 42-year-old male, who sustained a work/ industrial injury on 2/6/12. He has reported initial symptoms of left shoulder pain and left elbow pain. The injured worker was diagnosed as having complete rupture of rotator cuff. Treatments to date included medication, acupuncture, physical therapy, epidural steroid injection, surgery (left shoulder arthroscopy (3/2013) and left elbow lateral release (11/2013), and home exercise program. Currently, the injured worker complains of worsening left shoulder pain. The treating physician's report (PR-2) from 2/4/15 indicated normal anatomical alignment of the shoulder, tenderness on palpation of the left acromioclavicular joint, active range of motion of the shoulder was 140 degrees, forward flexion was 160 degrees, and internal rotation was 20 degrees. Motor strength was normal 5/5. Impingement test was negative, sulcus sign was negative, sensory test was normal in C5-C8 nerve distribution, and deep tendon reflex was normal. Hoffman's and Spurling's tests were negative. Diagnosis was left shoulder pain, s/p left shoulder surgery, left elbow surgery. Treatment plan included medication renewal to include topical Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, lidocaine patch #10 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidoderm is indicated for localized pain consistent with a neuropathic etiology after there has been evidence of a trial with first line therapy. The criteria for use of Lidoderm patches are enumerated in the official disability guidelines. The criteria include, but are not limited to, localized pain consistent with a neuropathic etiology; failure of first-line neuropathic medications; area for treatment should be designated as well as the planned number of patches and duration for use (number of hours per day); trial of patch treatments recommended for short term (no more than four weeks); it is generally recommended no other medication changes be made during the trial.; if improvement cannot be demonstrated, the medication be discontinued, etc. In this case, the injured worker's working diagnoses are left shoulder pain s/p left shoulder surgery March 2013; and status post left elbow surgery November 2012. There were no neuropathic diagnoses with symptoms of neuropathy in the record. Lidoderm patches were started November 19, 2014 and continued through February 4, 2015. Subjectively, the injured worker complains of pain that is sharp, throbbing, pins and needles, tingling and numbness on a 5/10 scale. There is no anatomical region designated. He is taking his medications but the Voltaren gel was denied. Objectively, anatomical alignment of the shoulder was well preserved. Range of motion was mildly decreased; muscle strength is normal, sensory examination is normal. The record states acupuncture provided 50% pain relief. There was no discussion or evidence of objective functional improvement with Lidoderm patches. Consequently, absent clinical documentation with objective functional improvement with ongoing Lidoderm, subjective and objective documentation of neuropathic symptoms and signs, lidocaine patch #10 is not medically necessary.