

Case Number:	CM15-0046990		
Date Assigned:	03/19/2015	Date of Injury:	02/26/2004
Decision Date:	04/24/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/12/2015

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: Georgia

Certification(s)/Specialty: Anesthesiology, Pain Management

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 was a 49 year old female, who sustained an industrial injury, February 26, 2004. The injured worker previously received the following treatments EMG/NCV (electromyography/nerve conduction velocity studies) of the upper extremities, cervical spine MRI, Norflex, Naproxen, Amitriptyline and home exercise program. The injured worker was diagnosed with thoracic strain/sprain, scapular sprain/strain, myofascial pain and thoracic facet pain. According to progress note of December 17, 2014, the injured workers chief complaint was persistent pain of the left shoulder. The injured worker rated the pain at 6-7 out of 10; 0 being no pain and 10 being the worse pain, at or above the shoulder activity aggravates the pain. The physical exam noted tenderness in the left acromioclavicular joint more so than the glenohumeral joint. Spasms noted in the cervical paraspinal and shoulder region musculature. The range of motion of the left shoulder was near normal. The treatment plan included Lidocaine pads on February 9, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pads 5%, #30 (fill date 2-9-2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Lidocaine pads 5%, #30 (fill date 2/9/2015) is not medically necessary. According to California MTUS, 2009, chronic pain, page 111 California MTUS guidelines does not cover topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Additionally, Per CA MTUS page 111 states that topical analgesics are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED) Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis; therefore, the requested medication is not medically necessary.