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| Case Number: | CM15-0057247 | | |
| Date Assigned: | 04/02/2015 | Date of Injury: | 12/17/2012 |
| Decision Date: | 05/06/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 03/25/2015 |

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: New Jersey

Certification(s)/Specialty: Family Practice

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 56 year old male who sustained an industrial injury on December 17, 2012. He has reported injury to the rotator cuff and has been diagnosed with AC joint pain and partial tear of rotator cuff. Treatment has included surgery, injections, physical therapy, medication, and a home exercise program. Currently the injured worker had tenderness to the AC joint and on the anterior and posterior aspects. The treatment request included lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-

depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was insufficient evidence provided to show the worker had clear neuropathic pain to consider using lidocaine patches. In the setting that this worker does actually have neuropathic pain requiring treatment, there was no evidence found to show trials of first line therapies for neuropathic pain were tried and failed before considering lidocaine use. Therefore, the request for lidoderm patch will be considered medically unnecessary.