

Case Number:	CM15-0063145		
Date Assigned:	04/09/2015	Date of Injury:	02/11/2011
Decision Date:	05/08/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/02/2015

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: Arizona, California
 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:

This 57 year old male sustained an industrial injury to the right shoulder elbow and wrist and knee on 2/11/11. Previous treatment included physical therapy, home exercise and medications. In a follow up evaluation dated 3/4/15, the injured worker the injured worker complained of persistent pain. The injured worker admitted to recently purchasing Oxycodone illegally off the street in an attempt to relieve pain. The injured worker reported no pain relief with anti-inflammatories. Physical exam was remarkable for right shoulder guarding with range of motion, palpable crepitus through the humerus from the glenohumeral joint and 4/5 motor strength. Current diagnoses included right bicipital and labral tear, right radial neuritis, right rotator cuff syndrome and severe glenohumeral joint disease. The physician noted that the injured worker had a history of cocaine use as noted by urine toxicology screening. The treatment plan included continuing to request authorization for a transcutaneous electrical nerve stimulator unit and prescription refills of Imipramine, Voltaren and Lidocaine 5% patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch Qty 90, 12 hours on/12 hours off, apply 1-3 times daily: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. He was degenerative disease of the shoulder as well as radial neuritis. He was using Lidoderm in combination with topical Dendracin. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.