

Case Number:	CM15-0084311		
Date Assigned:	05/06/2015	Date of Injury:	04/20/2010
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/01/2015

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 67 year old female, who sustained an industrial injury on 04/20/2010. She has reported injury to the low back and right shoulder. The diagnoses have included Grade 1 spondylolisthesis at level L5-S1 associated with severe foraminal stenosis; lumbosacral disc injury with bulge at level L4-L5; right shoulder rotator cuff injury with tendinosis and small partial tear with small partial bursa and surface tear; and status post right shoulder rotator cuff repair surgery on 05/15/2013. Treatment to date has included medications, diagnostics, bracing, acupuncture, TENS (transcutaneous electrical nerve stimulation) unit, cortisone injection to the right shoulder, physical therapy, and surgical intervention. Medications have included Ketoprofen, Tramadol, Prilosec, Voltaren Gel, Lidoderm 5% Patches. A progress note from the treating physician, dated 03/31/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of pain and discomfort in the right shoulder with limited strength and range of motion. Objective findings included decreased right shoulder range of motion; and decreased strength in the right shoulder. The treatment plan has included the request for Lidocaine Pad 5% one month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% one month supply: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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 5% #1 month supply 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. 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 grade I spondylolisthesis at L5 - S1 with severe foraminal stenosis; lumbosacral disc injury with bulge L4 - L5; right shoulder rotator cuff injury with tendinosis and small partial tear and small partial bursa and surface tear; acromioclavicular joint arthrosis; right knee and right shoulder contusion; possible lumbosacral radiculopathy; and status post right shoulder rotator cuff repair May 15, 2013. The earliest progress note in the medical record dated November 5, 2014 shows the injured worker has subjective complaints of low back pain, right knee pain and right shoulder pain. The Lidoderm patch was not approved. At that time the VAS pain scale was 3-4/10. Subsequent progress notes including December 2014 and January 2015 show the injured worker was using ketoprofen topical. There were no pain scales in either progress note. There were no neuropathic symptoms or signs documented in the medical record. According to an April 28, 2015 progress note, the Lidoderm patch was denied to date. Subjectively, the injured worker is still having pain and discomfort. There are no specific subjective symptoms enumerated in the medical record. Objectively, there is lumbosacral tenderness to palpation. There is myofascial tightness with pain with range of motion. The right shoulder has significant tenderness in the supra and infra-scapular areas. Range of motion is decreased and painful. There are no neuropathic objective findings. There is no clinical rationale in the medical record for the lidocaine patch 5% patch. There is no documentation of failed first-line treatment with antidepressants and anticonvulsants. Consequently, absent clinical documentation with a clinical indication and rationale with neuropathic symptoms and signs, Lidocaine patch 5% #1 month supply is not medically necessary.