

Case Number:	CM15-0087739		
Date Assigned:	05/11/2015	Date of Injury:	11/18/2013
Decision Date:	06/11/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/07/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 51 year old male, who sustained an industrial injury on 11/18/2013. Diagnoses include status post right shoulder rotator cuff repair, left shoulder chronic rotator cuff syndrome, chronic cervical pain and focal full thickness tear in infraspinatus tendon (per magnetic resonance angiography (MRA) 11/03/2014). Treatment to date has included diagnostics including magnetic resonance imaging (MRI) and MRA and medications. Per the Primary Treating Physician's Progress Report dated 3/18/2015, the injured worker reported persistent neck and right shoulder pain rated as 7/10 with radiation into the left trapezius muscle with stiffness and tightness. Physical examination of the right shoulder revealed significant decreased range of motion, decreased strength and crepitus upon passive range of motion. The plan of care included topical medication and authorization was requested for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5 percent apply to the lt trapezius muscle 12 hours on, 12 hours off #30:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm
Page(s): 56-57.

Decision rationale: The MTUS chronic pain guidelines recommend consideration of topical lidocaine for localized peripheral pain after trials of first line therapies to include tricyclics/SNRIs or AEDs such as gabapentin, etc. Topical lidocaine is not considered appropriate as a first-line treatment, and in this case the chronic nature of the case brings into question the efficacy of chronic treatment. There is no evidence of failed first line treatment in the provided records to support use of Lidoderm patches, and therefore the request for topical lidocaine at this time is not medically necessary.