

Case Number:	CM15-0089447		
Date Assigned:	05/13/2015	Date of Injury:	10/04/2010
Decision Date:	06/15/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/08/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 29 year old female, who sustained an industrial injury on 10/4/10. She reported initial complaints of right shoulder. The injured worker was diagnosed as having other joint derangement involving shoulder region. Treatment to date has included physical therapy; left shoulder cortisone injections; status post left shoulder arthroscopy, subacromial decompression/distal clavicle resection/debridement (8/7/12); acupuncture; status post left shoulder arthroscopy, synovectomy, anterior capsulorrhaphy (1/30/14); medications. Diagnostics included Cervical spine MRI (8/22/11); Left shoulder MRI (8/22/11); MR Arthrogram (10/10/12). Currently, the PR-2 notes dated 2/26/15 indicated the injured worker complains of continued left shoulder discomfort. She has no signs of instability and she states that has resolved entirely. She has bone pain and it is directly over the clavicle. She has a negative apprehension sign and negative relocation sign. She is a status post left shoulder arthroscopy, subacromial decompression/distal clavicle resection/debridement (8/7/12) and then status post left shoulder arthroscopy, synovectomy, anterior capsulorrhaphy (1/30/14). The provider recommended she continue with home exercise as well as utilize Voltaren gel and Lidoderm patch. She remains off work at this time. The provider has requested Lidoderm patch 0.5%, 2 boxes of #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 0.5%, 2 boxes of #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 56-57.

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

Decision rationale: This 29 year old female has complained of shoulder pain since date of injury 10/4/10. She has been treated with steroid injections, surgery, physical therapy, acupuncture and medications. The current request is for Lidoderm patch. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, the Lidoderm patch is not indicated as medically necessary.