

Case Number:	CM14-0113369		
Date Assigned:	08/01/2014	Date of Injury:	04/11/2013
Decision Date:	09/30/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 46-year-old female with a 04/11/13 date of injury. While pulling on vines from a grapevine, she stepped into a hole, lost her balance, and stumbled with development of left shoulder and left-sided body pain. 06/30/14 Report states chief complaint of painful left shoulder. Patient returns for a follow-up visit for manipulation of the left shoulder under general anesthesia. [REDACTED] primary complaint is of her back. To a lesser degree, she continues to experience left shoulder pain. The patient is almost five months post manipulation of her left shoulder. The patient states that the corticosteroid injection helped to alleviate the discomfort. She occasionally has numbness of her left hand. Physical Examination: Back: Tenderness to palpation of the medial border of the scapula and mid-thoracic spine. Assessment: 1. Resolving adhesive capsulitis of the left shoulder. 2. Status post manipulation of the left shoulder under general anesthesia. 06/11/14 Primary Physician's progress report states, Subjective complaints: Pain in her upper to mid lumbar spine with some radiation to the mid-back. She notes the pain is constant and worse with increased activities. The pain is stabbing and pressure pain in the middle and low back. When she is driving the pain is worse. The upper back pain is a heaviness-like pain. Without her medication her pain is 5-6/10 but can increase to 8/10 and with her current medications her pain is 0-1/10. She has some sleepiness and forgetfulness from the medications. Objective findings: Slightly limited range of motion of her back. Tenderness to palpation over the midline of her low back. Diagnoses: 1. Left shoulder pain and impingement syndrome. 2. Mechanical low back pain. 3. Discogenic low back pain. Treatment Plan: Zanaflex, Lidoderm Patches, Celebrex. Lidoderm Patches are prescribed "for low back pain" per 06/11/14 progress report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch - Unspecified quantity and duration: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, and Lidoderm Patches.

Decision rationale: 06/11/2014 Progress report states the following prescription: "Continue Lidoderm 5% apply 3 patches q day #90 for low back pain". CA MTUS and ODG state that Topical Lidocaine may be recommended for localized neuropathic 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). The guideline requirements are not met. The records provided do not describe a failed attempt of first-line medications for neuropathic pain. Although the prior review states that there is a 06/17/2014 report, which shows a prescription of Lyrica, the efficacy or outcome has not been described. In addition, records do not state subjective or objective findings clearly indicating localized neuropathic nature of pain. Recommendation: not medically necessary.