

Case Number:	CM14-0138343		
Date Assigned:	09/08/2014	Date of Injury:	09/04/2013
Decision Date:	10/24/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/26/2014

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 Family Medicine and is licensed to practice in New Jersey. 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:

The worker is a 55 year old female who was injured on 9/4/2013 involving her left shoulder after trying to catch a heavy object. She was diagnosed with shoulder pain, partial thickness rotator cuff tear, and impingement. She also has a medical history of polyneuropathy related to her diabetes. She was treated with physical therapy and medications, including benzodiazepines, antidepressants, muscle relaxants, anti-epileptic medication, opioids, and NSAIDs. She was also treated with left shoulder surgery on 4/29/14. On 7/2/2014, the worker was seen for the first time by her pain specialist complaining of chronic progressive pain in her neck, left shoulder, bilateral arms/elbows/wrists/hands, bilateral hips, and bilateral feet rated at 4-8/10 on the pain scale depending on the day and situation. She reported that her neck pain was 90% of her pain. On physical examination, there was a positive Hawkin's test, positive Neer test, and positive Speeds test of the left shoulder. Neurologic examination revealed no abnormal findings, including in the upper extremities. She was then recommended a trial of Lidoderm (topical lidocaine) for her left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics, Lidocaine, Page(s): 56-57,112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, she complained of primarily neck pain, but also complained of pain in all extremities including her chronic left shoulder pain (post-surgery). There was no documented objective evidence found in the progress notes that her shoulder pain was neuropathic in nature. Also, even if the worker had cervical neuropathy contributing to her shoulder pain, she was taking gabapentin at the time. There was no documentation of an assessment of her pain reduction in her neck and shoulder related to this medication in order to justify adding on another neuropathic pain medication such as Lidoderm. Therefore, the Lidoderm is not medically necessary or appropriate in the way it was prescribed in this case.