

Case Number:	CM14-0148082		
Date Assigned:	09/18/2014	Date of Injury:	05/16/2008
Decision Date:	10/16/2014	UR Denial Date:	09/06/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 64 year old male with complaints of shoulder pain and neck pain. The date of injury is 5/16/08 and the mechanism of injury is not elicited. At the time of request for Lidoderm 5% patch #30 and Ambien 10mg #20 with one refill, there is subjective (should pain, neck pain) and objective (restricted range of motion cervical spine with pain, pain and hypertonicity paraspinal musculature cervical spine, tenderness to rhomboids and trapezius, right shoulder restriction range of motion with pain, Hawkin's test is positive, Shoulder crossover test is positive, tenderness over the glenohumeral joint) findings, imaging findings (7/27/12 MRI cervical spine is unremarkable, 7/30/12 MRI right shoulder small tear infraspinatus and supraspinatus tendons), diagnoses (shoulder pain, cervical pain), and treatment to date (medications, injections). Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED. Zolpidem is recommended only for short term treatment of insomnia.

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 Lidoderm (Lidocaine patch).

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

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, Topical Lidocaine may be recommended for localized peripheral pain and neuropathic pain after there has been evidence of a trial of first line therapy such as an AED. As there is no such documentation of a failed trial with antiepileptics, lack of diagnosis and functional improvement on Lidoderm, it is my opinion that this medication is not medically necessary.

Ambien 10mg #20 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic),
Zolpidem

Decision rationale: Lidoderm (lidocaine patch), per ODG Evidence Based Decision Guidelines, Zolpidem is recommended only for short term treatment of insomnia. Therefore, this medication is not medically necessary.