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| Case Number: | CM14-0215456 | | |
| Date Assigned: | 01/05/2015 | Date of Injury: | 07/03/2009 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/24/2014 |
| Priority: | Standard | Application Received: | 12/23/2014 |

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 patient is a 47-year-old female with an injury date on 7/3/09. The patient complains of chronic left-sided shoulder pain that is constant but variable in intensity, rated 2-3/10 on VAS scale per 11/14/14 report. The patient states that after cessation of skilled physical therapy, she has regressed per 11/14/14 report. The patient uses Voltaren Gel and up to 6 Ibuprofen per day for pain relief per 11/14/14 report. The patient is using Vicodin to deal with pain associated with physical therapy sessions and activities of daily living per 10/9/14 report. Based on the 11/14/14 progress report provided by the treating physician, the diagnoses are: 1. degenerative joint disease of shoulder region 2. injury of tendon of the rotator cuff, shoulder. Most recent physical exam with range of motion testing on 9/26/14 showed "reduced range of motion of left shoulder, with flexion at 115 degrees." The patient's treatment history includes medications, physical therapy, arm sling. The treating physician is requesting lidocaine pad 5% day supply: 30, Qty: 30, refills: 2. The utilization review determination being challenged is dated 11/24/14. The requesting physician provided treatment reports from 4/8/14 to 1/16/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5%, 30 day supply, QTY: 30, with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Lidoderm (lidocaine patch) Page(s): 56-57,111-113. Decision based on Non-MTUS Citation Pain chapter, Lidoderm

Decision rationale: This patient presents with left shoulder pain. The treater has asked for LIDOCAINE PAD 5% DAY SUPPLY: 30, QTY: 30, REFILLS: 2 on 11/14/14. The patient has been advised not to use PO NSAIDS per 11/14/14 report. Review of records shows the patient has no history of using Lidoderm . MTUS guidelines page 57 states, "topical lidocaine may be recommended for localized peripheral 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, the patient has chronic pain of the left shoulder. The treater is requesting a trial of lidoderm patches, as the patient has been advised not to use PO NSAIDS per 11/14/14 report. Topical lidocaine is indicated for localized peripheral neuropathic pain, which this patient does not have. The request IS NOT medically necessary.