

Case Number:	CM14-0218765		
Date Assigned:	01/08/2015	Date of Injury:	10/26/2014
Decision Date:	03/12/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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, Arizona

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 injured worker is a 69-year-old female who reported an injury on 10/26/2014. The mechanism of injury was a slip and fall. The documentation indicated the injured worker had prior therapies including medication, work restrictions, and rest. The injured worker underwent an x-ray of the left shoulder, which revealed mild osteoarthritis, and normally aligned acromioclavicular and glenohumeral joints. There was no fracture, dislocation, focal bone lesion, or foreign object. There was a 5 cm soft tissue calcification adjacent to the greater tuberosity. The x-ray of the chest was within normal limits. Other therapies included physical therapy. The documentation of 12/09/2014 revealed the injured worker was in for a follow-up of injuries. The injured worker had pain in the shoulder and severe pain in the left chest wall region. The injured worker was asking for a refill of the lidocaine patches. The physical examination revealed tenderness to the superior and anterior portions of the left shoulder. The lateral abduction and forward flexion were noted to be stiff. The injured worker had pain in the extreme angles. The diagnoses included left shoulder strain, left knee contusion resolved, chest contusion, and status post slip and fall. The request was made for a refill of Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5 percent #1: 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 Lidoderm. Page(s): 56, 57.

Decision rationale: The California Medical Treatment & Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There was a lack of documentation indicating the injured worker had a trial of first line therapy. Additionally, there was a lack of documentation of objective functional benefit and an objective decrease in pain. The request as submitted failed to indicate the quantity of patches and frequency being requested. The requested medication, per the documentation, was Lidoderm patches. However, the request as submitted was for lidocaine pad 5%, which the only form recommended is Lidoderm patches. There was a lack of clarification. Given the above, and the lack of clarification as well as the lack of documentation, the request for lidocaine patch 5% #1 is not medically necessary.