

Case Number:	CM15-0011811		
Date Assigned:	01/29/2015	Date of Injury:	04/24/2007
Decision Date:	03/26/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/20/2015

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 54-year-old female who reported injury on 04/24/2007. The mechanism of injury was not provided. The injured worker was noted to be status post right rotator cuff repair on 09/10/2009. The documentation of 07/30/2014 revealed the injured worker had shoulder pain at 8/10 to 9/10. The pain was a burning type of pain in the right shoulder, radiating into the right arm, associated with heaviness. The injured worker had difficulty reaching above shoulder level on the right side. The injured worker underwent an EMG and nerve conduction study of the bilateral extremities on 02/07/2013 and a right shoulder arthrogram on 01/19/2010. The physical examination revealed the injured worker had spasms in the right shoulder region. There was tenderness noted in the right acromioclavicular joint and glenohumeral joint. There was decreased shoulder range of motion. The diagnoses included right shoulder impingement syndrome, myofascial pain, right shoulder adhesive capsulitis, and status post right shoulder surgery. The treatment plan included lidocaine gel 2% to apply to the skin 2 to 4 gm 4 times a day for neuropathic pain and Lidoderm 5% patches 12 hours on and 12 hours off for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5 percent 12hrs on 12hrs off #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 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 (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). This is not a first line treatment and is only FDA approved for postherpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical documentation submitted for review indicated the injured worker had neuropathic pain. However, there was a lack of documentation of a failure of first line therapy and it is not recommended for treatment for chronic neuropathic pain disorders. Additionally, the documentation indicated the injured worker was utilizing lidocaine gel and would be utilizing Lidoderm patches. There was a lack of documented rationale for the necessity for 2 forms of lidocaine. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated with the requested medication. Given the above, the request for Lidoderm patch 5 percent 12hrs on 12hrs off #30 is not medically necessary.