

Case Number:	CM15-0121905		
Date Assigned:	07/09/2015	Date of Injury:	04/05/2012
Decision Date:	08/05/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/24/2015

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: New Jersey, Alabama, California

Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 (IW) is a 47-year-old male who sustained an industrial injury on 04/05/2012. Diagnoses include impingement syndrome, rotator cuff tendonitis/bursitis and adhesive capsulitis. Treatment to date has included medications, shoulder injection and activity modifications. He had previous left shoulder surgeries in the 1990's. According to the progress notes dated 5/18/15, the IW reported right shoulder pain radiating to the neck rated 4-5/10 and left shoulder pain rated 7-8/10. He reported medications decreased the pain to 1-2/10, right, and 5-6/10, left. He also complained of myofascial pain, night pain, feeling of popping/clunking/grinding, weakness and instability. On examination, the neurovascular status was intact. There was motion loss, instability and rotator cuff weakness bilaterally. MRI of the left shoulder on 11/23/14 showed evidence of previous surgery (scarring, mild cystic edema), cuff tendinitis and moderate degenerative acromioclavicular joint disease. A request was made for Lidoderm (lidocaine patch) 5%, #90 with 4 refills due to the medication's efficacy for the IW's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5 Percent, #90 4 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 Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidocaine patch is unclear. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine Patch 5 Percent, #90 4 Refills is not medically necessary.