

Case Number:	CM15-0123730		
Date Assigned:	07/08/2015	Date of Injury:	08/26/2005
Decision Date:	08/11/2015	UR Denial Date:	05/30/2015
Priority:	Standard	Application Received:	06/26/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 26, 2005. In a Utilization Review report dated May 30, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced a May 19, 2015 RFA form and associated progress note of May 6, 2015 in its determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant presented with the primary complaint of shoulder pain, 8/10. Ancillary complaints of neck pain and upper extremity paresthesias were reported, as were symptoms of depression and psychological stress. The applicant was, however, given a primary operating diagnosis of shoulder impingement syndrome. The applicant was no longer working, it was reported. A shoulder corticosteroid injection was endorsed. The applicant was apparently receiving medications elsewhere, it was reported. On December 8, 2014, the applicant was given a prescription for tramadol and asked to pursue 12 sessions of chiropractic manipulative therapy. On May 6, 2015, tizanidine, Lidoderm patches, and tramadol were prescribed, seemingly for the applicant's primary complaint of shoulder pain. The applicant was given a primary diagnosis of shoulder impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Pain Mechanisms Page(s): 112; 3.

Decision rationale: No, the request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there have been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications as of the date in question, May 6, 2015. The attending provider, furthermore, seemingly suggested that the Lidoderm patches in question were intended for use to treat shoulder impingement syndrome. Shoulder impingement syndrome is not, however, a condition associated with neuropathic pain, which, per page 2 of the MTUS Chronic Pain Medical Treatment Guidelines, is pain initiated or caused by a primary lesion or dysfunction of the nervous system. Here, the applicant was described as having mechanical shoulder pain secondary to impingement syndrome. It did not appear that the Lidoderm patches in question were indicated as (a) the applicant had not failed antidepressant adjuvant medications or anticonvulsant adjuvant medications and (b) the applicant did not appear to have neuropathic pain or localized peripheral pain about the shoulder, the body part for which it had been prescribed. Therefore, the request was not medically necessary.