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| Case Number: | CM15-0177813 | | |
| Date Assigned: | 09/18/2015 | Date of Injury: | 06/19/2013 |
| Decision Date: | 10/28/2015 | UR Denial Date: | 08/31/2015 |
| Priority: | Standard | Application Received: | 09/09/2015 |

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

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 61 year old male, who sustained an industrial injury on June 19, 2013. Medical records indicate that the injured worker is undergoing treatment for pain in the joint of the shoulder, calcifying tendinitis of the shoulder, rotator cuff sprain-strain and adhesive capsulitis of the shoulder. The injured worker is not working. Current documentation dated August 19, 2015 notes that the injured worker reported bilateral shoulder pain and mild right groin pain. The shoulder pain was noted to be worse in the morning and in the cold weather. The injured worker was able to do self-care but had extra discomfort doing so. The injured worker also had difficulty with reaching and grasping overhead. Examination of the bilateral shoulders revealed a normal range of motion, no evidence of impingement and tenderness to palpation over the anterior aspect of the shoulder joint around the rotator cuff. Treatment and evaluation to date has included medications, x-rays of the right wrist and left shoulder, computed tomography scan of the lumbar spine, functional restoration program, physical therapy (21), home exercise program, psychological evaluation, left shoulder surgery 4-22-2014 and right shoulder surgery on 1-21-2015. Documentation dated June 5, 2015 notes that the injured worker had been taking Naproxen, which was discontinued due to his history of a stroke and the long-term cardiac effects of non-steroidal anti-inflammatory drugs. Current medications include Lidoderm 5% patches (700 mg-patch). Current requested treatments include a request for Lidoderm 5% patches (700 mg-patch) # 30 with a date of service of 6-18-2015. The Utilization Review documentation dated August 31, 2015 non-certified the request for Lidoderm 5% patches (700 mg-patch) # 30 with a date of service of 6-18-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 700 mg/patch #30 for DOS: 6/18/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The patient presents with pain in bilateral shoulders, and intermittent soreness in the right groin. The request is for LIDODERM 5% PATCH 700 MG/PATCH #30 FOR DOS: 6/18/15. The request for authorization is not provided. The patient is status post hernia repair on the right, 2013. Status post forehead reconstruction, 2013. Status post left shoulder surgery, 2014. Status post right shoulder surgery, 2015. Physical examination reveals no edema or tenderness palpated in any extremity. Normal muscle tone without atrophy in upper and lower extremities. Muscle strength in upper and lower extremities 5/5. Normal range of motion and no evidence of impingement signs. Per progress report dated 06/18/15, the patient is on modified work. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 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. Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Per progress report dated 08/19/15, treater's reason for the request is "We would like to see if Lidoderm patches are providing him with adequate pain relief. The use of this patch is better than using oral medications as there is lack of systemic side effects when properly dosed, absence of drug interactions, and minimal need for dose titration." This appears to be the initial trial prescription for Lidoderm Patch. MTUS guidelines state that Lidoderm Patches are appropriate for localized peripheral neuropathic pain. However, this patient presents with shoulder pain, which is localized but not neuropathic. The request does not meet MTUS guidelines indication for Lidoderm Patch. Therefore, the request WAS NOT medically necessary.