MAXIMUS Federal Services

Case Number:	CM15-0093723		
Date Assigned:	05/20/2015	Date of Injury:	08/17/2012
Decision Date:	06/19/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 injured worker is a 50-year-old female, who sustained an industrial injury on August 17, 2012, incurring right hip, right shoulder and left shoulder injuries. She was diagnosed with right hip trochanteric bursitis, right shoulder impingement syndrome and a left shoulder strain. She underwent a partial claviculectomy in August 2014. Treatment included anti-inflammatory drugs, hot and cold packs, physical therapy, pain medications and home exercise program. Currently, the injured worker complained of persistent weakness and pain to the left shoulder and right hip with radiation to the right lower back. The treatment plan that was requested for authorization included a prescription for Lidoderm patches for the burning pain in the shoulder area.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, quantity: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch), Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: MTUS Guidelines have very specific standards for the use of topical lidocaine-Lidoderm. These standards include the failure of a reasonable trial of first line oral medications recommended for neuropathic pain. There is no documented evidence in the records reviewed that this step has been trialed and failed. There are no unusual circumstances to justify an exception to Guidelines. Under these circumstances, the Lidoderm 5% patches #30 is not supported by Guidelines and is not medically necessary.