

Case Number:	CM14-0145904		
Date Assigned:	09/12/2014	Date of Injury:	02/11/2011
Decision Date:	10/23/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/08/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 57-year-old male with a date of injury of February 11, 2011. The mechanism of injury occurred to repetitive motion and other activities such as heavy lifting, carrying, pushing and pulling on a repetitive basis. This resulted in right shoulder and right elbow and wrist pain. A urine drug screen collected on May 21, 2014 tested positive for cocaine and negative for opioids. There was a report on May 21, 2014 for review, a barely legible handwritten report on July 9, 2014, and little else noted. On July 9, 2014 it was noted that the plan at this time was to prescribe Lidocaine 4%, Relafen 750mg, and Clonidine 0.1mg. On May 21, 2014 his current pain is 7-8/10 throughout the shoulders, elbows and wrist. He is better with avoidance of activity and Vicodin. On exam of the right shoulder showed moderate tenderness over T1-T6 levels with flexion, rotation and side bending strain. Right ribs #1 to 6 have posterior displacement. There was moderate tenderness noted over the right anterior more than lateral glenohumeral joint, more than the acromioclavicular joint region. There was tenderness over the right radial nerve point on the lateral aspect of the arm. The provider stated he has not updated his notes since November 2013. The plan at this time was to change Vicodin to Tramadol and Diclofenac, and Lidocaine 5%. The diagnostic impression is right bicipital labral tear, right radial neuritis, and right subscapularis and supraspinatus injury. Treatment to date: MRI, medication management, surgery, acupuncture therapy A UR decision dated August 19, 2014 denied the request for Lidocaine patch 4% #10. The rationale for denial was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 4%, ten count: 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): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Lidoderm

Decision rationale: CA MTUS states that 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). ODG states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. However, Lidocaine patches or Lidoderm is available as 5% patch, not 4% patch. Guidelines recommend lidocaine after there has been evidence of a trial of first-line therapy of anti-depressants or an AED such as gabapentin or Lyrica. There was no documentation stating he tried or failed a trial of first-line drugs in the records submitted. Guidelines recommend a trial of Lidocaine patches for a short-term period of no more than 4 weeks. The area for treatment should be designated as well as the number of planned patches and duration for use (number of hours per day the patch(es) are to be worn). There was no documentation of the area for treatment, and the number of patch(es) to be worn. In addition, lidocaine patches are available as 5% patches not 4%. Terocin patch contains lidocaine 4% and menthol 4%, however, this was not requested. Therefore, the request for Lidocaine 4% patch, ten count, was not medically necessary or appropriate.