

Case Number:	CM14-0039972		
Date Assigned:	06/27/2014	Date of Injury:	02/01/2005
Decision Date:	08/18/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 Nevada. 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:

The injured worker is a 53-year-old male who was reportedly injured on February 1, 2005. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 28, 2014, indicates that there are ongoing complaints of right shoulder pain. Current medications are stated to include Flexeril, Prozac, trazodone, Butrans patches, Gabitril and Lyrica. The physical examination demonstrated tenderness to the upper trapezius and atrophy of this region is noted. Range of motion of the right shoulder is limited to 105 of abduction and 120 of forward flexion. There was weakness of the right-sided rotator cuff. Diagnostic imaging studies were stated to have been ordered for the cervical spine and shoulder, however no results were reported. Previous treatment includes a home exercise a request was made for Lidoderm patches and was not certified in the pre-authorization process on March 28, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches number thirty for the right shoulder.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines lidoderm patches.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, page 56.

Decision rationale: The California Medical Treatment Utilization Schedule chronic pain medical treatment guidelines supports the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured employee does not have any complaints of radiculopathy nor are there any present on physical examination. As such, the request for Lidocaine patches is not medically necessary and appropriate.