

Case Number:	CM13-0015404		
Date Assigned:	12/27/2013	Date of Injury:	05/18/1998
Decision Date:	03/18/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Texas, Nebraska, Indiana, and Michigan. 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 physician 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 patient is a 61-year-old male who reported an injury on 05/18/1998 due to cumulative trauma while performing normal job duties. The patient's treatment history included knee surgery, physical therapy, medications, and activity modifications. The patient's medication schedule included hydrocodone 7.5/325 mg and naproxen 500 mg. The patient's most recent clinical documentation notes the patient has increase in pain without medications. Physical findings included tenderness to palpation of the neck. The patient's diagnoses included internal derangement of the right shoulder and a herniated disc. The patient's treatment plan included continuation of physical therapy and medication usage. 

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5%, #30: 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 Topical Analgesics Page(s): 111.

Decision rationale: The requested lidocaine patches 5% #30 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the

patient is using medications to control their pain. California Medical Treatment Utilization Schedule does not support the use of lidocaine patches unless there is documentation that the patient has failed to respond to first-line medications to include antidepressants and antiepileptics. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to first-line treatments. Therefore, the addition of a lidocaine patch to the patient's medication schedule would not be supported. As such, the requested lidocaine patches 5%, #30 are not medically necessary or appropriate.