

Case Number:	CM13-0015474		
Date Assigned:	11/06/2013	Date of Injury:	12/14/2009
Decision Date:	04/18/2014	UR Denial Date:	07/18/2013
Priority:	Standard	Application Received:	08/22/2013

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 Anesthesiology, Pain Management and is licensed to practice in Florida. 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 patient is a 67-year-old male who reported an injury on 12/14/2009. The mechanism of injury was not provided. The patient's diagnoses were noted to include strain back, lumbosacral and elbow joint pain. The documentation of 07/10/2013 revealed that the problems reviewed included knee pain, lumbosacral strain of back, and elbow joint pain. The request dated 07/11/2013 was for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% 60/30/0: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM.

Decision rationale: California MTUS guidelines indicate that topical lidocaine (Lidoderm) 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). The clinical documentation submitted for review failed to indicate the patient had a trial and failure of first-line medication therapy. The duration of the medication usage could not be established.

There was a lack of documentation of an objective physical examination to support the necessity for the medication. Additionally, the request as submitted failed to indicate the quantity of lidoderm patches being requested. Given the above, the request for Lidoderm patch 5% 60/30/0 is not medically necessary.