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| Case Number: | CM13-0025466 | | |
| Date Assigned: | 11/20/2013 | Date of Injury: | 08/02/2012 |
| Decision Date: | 01/27/2014 | UR Denial Date: | 08/26/2013 |
| Priority: | Standard | Application Received: | 09/17/2013 |

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 Occupational Medicine 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 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:

This is a 43-year old male patient with a date of injury on 8/2/12. Treating physician's PR2 on 8/20/13, reveals that patient has neck pain with radiation to the left upper extremity extending to the left wrist/hand with associated numbness and tingling sensation. The patient has weakness and difficulty with handwriting and balance. He also has hypertension (HTN). Objective findings include restrictions of ranges of motion, cervical spine tenderness and spasms. There are no sensory deficits with loss of muscle strength in the upper extremity. His diagnosis is cervical herniated nucleus pulposus, cervical radiculopathy and cervical stenosis. Treating doctor's report dated 10/29/13 states that they are awaiting authorization for patient to undergo anterior cervical discectomy and fusion at C6-7. The request is for a prospective request for Lidocaine 5% patch between 8/20/13 to 9/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidocaine 5% patch (Express Scripts) between 8/20/13 and 9/20/13:
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 Section Lidoderm patch Page(s): 56.

Decision rationale: CA MTUS discusses Lidoderm patches on page 56 of the chronic pain guides. The patch is FDA approved for post herpetic neuralgia and may be used for localized anesthesia or antipuretics. There is no indication this patch is being used for any of these issues. There was no indication of the need of the patch in the requesting report other than the patient is pending surgery. Therefore as guides do not recommend the patch for this condition, it is not medically necessary.