

Case Number:	CM13-0035841		
Date Assigned:	12/13/2013	Date of Injury:	11/16/2004
Decision Date:	03/18/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 63-year-old female with date of injury 11/16/04. Diagnoses include degenerative joint disease, chronic pain syndrome, and sprain/strain of the neck. Subjective complaints are right knee and bilateral shoulder pain, and Oswestry at 66%. Listed medications are Norco, Cymbalta, Celebrex, Prilosec, Lyrica, and Lidoderm patches as necessary. Medications decrease pain by 70%, and allow for activity, work, and exercise with no side effects. The treatment plan included continued physical therapy, blood test, and continued medications, including Lidoderm

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Lidoderm 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: This patient presents with chronic right knee and right shoulder pain. The treating physician has prescribed Lidoderm patches for quite some time. Reviewed reports go from 1/24/13 to 9/30/13 for a total of five progress reports; each of these reports list Lidoderm

patches. A common thread in these reports is that "medications decrease pain by" a certain percentage, allow for activity and work duties, no side effects, etc. The MTUS Guidelines state that Lidoderm patches are recommended for neuropathic pain after there has been evidence of trial of first-line therapies that include tricyclic or SNRI antidepressants or AEDs. In this case, there is no documentation of neuropathic pain; the Lidoderm patches appeared to be used for the patient's shoulder and knee conditions, which are not neuropathic in nature. As such, the request is noncertified.