

Case Number:	CM13-0051945		
Date Assigned:	12/27/2013	Date of Injury:	05/17/2006
Decision Date:	04/30/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/15/2013

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 Physical Medicine and Rehabilitation has a subspecialty in Pain Management 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 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:

This is a patient with a date of injury of 5/17/06. A utilization review determination dated 11/5/13 recommends non-certification of LidoPro. 11/21/13 medical report identifies neck and right shoulder pain 5/10 with spasms, numbness and tingling in the right arm. On exam, bilateral upper extremities abduct to 100 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO LOTION: 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: Regarding request for LidoPro, CA MTUS states that topical lidocaine is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica), and it is only supported in the form of a dermal patch. Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy and

the request is noted to be a lotion rather than a dermal patch. In light of the above issues, the currently requested LidoPro is not medically necessary.