

Case Number:	CM13-0053800		
Date Assigned:	12/30/2013	Date of Injury:	12/12/2005
Decision Date:	03/18/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease 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:

The patient is a 58-year-old female who reported an injury on 12/12/2005. The patient is currently diagnosed with right upper extremity pain, chronic pain syndrome, dyspepsia, and history of anterior cervical discectomy and fusion. The mechanism injury is not specifically stated. The patient was recently seen by [REDACTED] on 11/11/2013. The patient reported constant severe right upper extremity pain. Physical examination was not provided for review. Treatment recommendations included continuation of current medication including Tranxene, Neurontin, Percocet, Lidoderm, Ambien, and Zofran.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches: 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 Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed. As per the documentation submitted, the patient has continuously utilized this medication since at least 2012. Despite ongoing use, the patient continues to report right upper extremity pain. There is no documentation of a significant functional improvement. There is also no evidence of a failure to respond to first-line oral medication prior to the initiation of a topical analgesic. Based on the clinical information received and the California MTUS Guidelines, the request is not certified.