

Case Number:	CM13-0059459		
Date Assigned:	12/30/2013	Date of Injury:	12/21/2009
Decision Date:	07/21/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/02/2013

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, 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 63 year-old patient sustained an injury on 12/21/09 while employed by [REDACTED]. Request under consideration include LIDODERM PATCHES #30. Report of 10/1/13 from the provider noted the patient with chronic bilateral shoulder pain with numbness in bilateral hands and fingers; lower back pain and left knee pain with numbness/tingling/weakness in left leg. Exam showed patient ambulating with single point cane; decreased range in shoulders; positive impingement sign and supraspinatus test; decreased grip strength; lumbar range was decreased in flexion extension; positive Kemps and SLR bilaterally with diffuse 4/5 motor strength in bilateral lower extremities. Treatment include medication, home health aide, and back brace. The request for LIDODERM PATCHES #30 was non-certified on 11/6/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There also no documentation of intolerance to oral medication. The Lidoderm patche #30 is not medically necessary and appropriate.