

Case Number:	CM13-0060903		
Date Assigned:	12/30/2013	Date of Injury:	08/11/2003
Decision Date:	03/24/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/04/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 54 year old female presenting with pain in the right hip, knee, left shoulder and groin. The pain is aggravated with sneezing, and intercourse. The claimant reports that the left shoulder pain is minimized with Lidoderm. The claimant has a history of right shoulder surgery that is nonindustrial related in March 2013. The physical exam is significant for mild antalgic gait without cane for assistance, poor tolerance to straight leg raise, positive Faber's test, mild tenderness along the medial joint line of the right knee, plus 1D tendon reflexes of the right knee, left knee, and ankles, 4-5 motor strength of the right foot dorsiflexion and eversion due to the THA, limited range of motion of the shoulder on the right side. Lab results on August 13, 2013 reveal liver CYP phenotype: Moderate decrease 2 D6, VIORC1 and significant decrease COMT enzyme function. The claimant was diagnosed with pain in limb, pain in joint, obesity, depressive disorder, status post total hip arthroplasty right, hypothyroidism, and smoker. The claimant's medications include Cymbalta 30 mg, Lidoderm patches, Opana ER 40 mg, and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for pharmacy purchase of Lidocaine patch 5% number thirty (30) with three (3) refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG),

Treatment in Workers Compensation, 2013 web-based edition and the California MTUS guidelines, web-based edition.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: Pharmacy purchase of Lidocaine patch 5% number thirty (30) with three (3) refills is not medically necessary. Per CA MTUS page 111 states that topical analgesics are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with multiple issues related to chronic pain. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain.