

Case Number:	CM13-0071813		
Date Assigned:	02/21/2014	Date of Injury:	04/23/2008
Decision Date:	12/31/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/30/2013

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

10/10/13 note reports ongoing neck and right shoulder pain. Medications of Doxepin, Relafen, Lidoderm patch, Gralise, and zanaflex are reported. There is cognitive behavioral treatment and pharmacologic management. The insured reports 50% pain relief for eight hours with use of Lidoderm patches and is only able to stand for 10 minutes without use of the patch. There is reported neuropathic pain radiating down both bilateral shoulders in the hands with numbness and tingling of the left hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -pain, Lidoderm

Decision rationale: The medical records report a neuropathic pain condition with previous trial of TCA and anticonvulsant- doxepin and gralise. The insured reports good improvement of pain with reported positive effect on functional ability. ODG guidelines support the use of lidoderm

for neuropathic pain that has failed treatment with initial first line therapies. As such the medical records support use of lidoderm patch to treat the insured.