

Case Number:	CM14-0000554		
Date Assigned:	01/08/2014	Date of Injury:	01/13/2009
Decision Date:	08/04/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/02/2014

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 Texas and Ohio. 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:

The injured worker is a 59-year-old male with a reported injury on 01/13/2009. The injured worker had an examination on 11/25/2013, with complaints of his neck pain rating at on a 7/10, as well as in his left shoulder, rated on a 4/10; his low back, rated at a 6/10; his right knee, rated at a 2/10 to 3/10; and his left knee, rated at a 7/10. The injured worker received cortisone injections to the right knee with positive relief; the date of that injection was not provided. The injured worker had a history of a left shoulder surgery, left knee surgery times 2 and a right shoulder surgery; the dates were not provided for those prior surgeries. The medication list was not provided, nor was the efficacy of the medications. There was also no documentation regarding any physical therapy or any home exercise program or any prior treatments. The diagnoses included status post right shoulder surgery, status post left shoulder surgery, status post left knee surgery times 2, cervical spine disc syndrome, rotator cuff rupture, low back syndrome, joint pain and bilateral knee medial meniscal tear. The recommendation of treatment was to continue physical therapy to improve strength, stability and range of motion and to decrease pain. Also, the recommended plan was to refill the dispensed, prescribed medications. The Request for Authorization for Lidoderm patches was signed and dated 11/25/2013. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

Decision rationale: The California MTUS Guidelines note topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation or evidence that the injured worker's pain is neuropathic pain. Lidoderm is also used for diabetic neuropathy. Again, there is no diagnosis of diabetic neuropathy. Furthermore, the request did not specify the quantity or frequency. Therefore, the request for the Lidoderm patches 5% is not medically necessary.