

Case Number:	CM14-0003550		
Date Assigned:	01/31/2014	Date of Injury:	02/18/2011
Decision Date:	06/19/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/08/2014

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 & Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in Texas. 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 54-year-old female who reported an injury on 02/18/2011 after a tree fell on the injured worker. The injured worker reportedly sustained an injury to her shoulder, pelvis, low back, hip, and feet. The injured worker's treatment history included hemi-arthroplasty of the hip followed by a total hip replacement, and postsurgical physical therapy. The injured worker was evaluated on 12/18/2013. It was documented that the injured worker had chronic pain related to right hip replacement times 2 and a right-sided limp with ambulation. The injured worker's diagnosis includes right hip fracture with internal replacement. The injured worker's treatment plan included refill medications, a prescription for Lorazepam 1 mg, and Ambien 10mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH, 1-2 PATCHES QD, 12 HOURS ON, 12 HOURS OFF, UNKNOWN QUANTITY: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends use of the Lidoderm patch when the injured worker has failed to respond to oral anticonvulsants. The clinical documentation does not provide any evidence that the injured worker has failed to respond to oral anticonvulsants and would benefit from topical Lidocaine. Additionally, the request as it is submitted does not provide a quantity or frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Lidoderm patch for unknown quantity is not medically necessary or appropriate.