

Case Number:	CM14-0008224		
Date Assigned:	02/07/2014	Date of Injury:	10/31/1996
Decision Date:	06/23/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/22/2014

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. 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 68-year-old female who reported an injury on 10/31/1996. The mechanism of injury was not provided for review. The injured worker reportedly sustained an injury to the bilateral upper extremities, bilateral knees, and internal organs. The injured worker ultimately developed chronic pain of multiple body parts rated 6/10 to 7/10 with improvement by 50% with medications. The injured worker was evaluated on 12/31/2013. It was documented that the injured worker had 9/10 pain in her knees, 6/10 pain in her shoulders, 6/10 pain in her neck, and 6/10 pain in her wrists and hands. It was noted that the injured worker's medication produced 50% functional improvement. It was documented that the injured worker used Lidoderm patches for localizing neuropathic pain, Mobic for inflammation, and Ambien for insomnia. The injured worker's diagnoses included status post bilateral knee replacements, bilateral carpal tunnel syndrome, degenerative disc disease of the lumbar spine, and cervical sprain/strain with spondylosis. The injured worker's treatment plan included a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5 %, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Medications for Chronic pain and Anti-Epileptics Page(.

Decision rationale: The requested Lidoderm patch 5% #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends Lidoderm patches for patients who have failed to respond to first line medications such as anticonvulsants and antidepressants in oral formulations. The clinical documentation submitted for review does not clearly identify that the injured worker has failed to respond to antidepressants or anticonvulsants. Additionally, California Medical Treatment Utilization Schedule recommends ongoing use of medications in the management of chronic pain be supported by documentation of functional benefit and a quantitative assessment of pain relief. The clinical documentation submitted for review does indicate that the injured worker has 50% functional benefit resulting from medication usage. However, there is no quantitative assessment of pain relief to support the efficacy of medication usage. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request cannot be determined. As such, the requested Lidoderm patch 5% #60 is not medically necessary or appropriate.