

Case Number:	CM14-0101883		
Date Assigned:	09/24/2014	Date of Injury:	02/15/2011
Decision Date:	10/24/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/02/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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 61-year-old woman who sustained a work-related injury on February 15, 2011. Subsequently, she developed chronic neck, back, head, eye, shoulders, knees, and hip pain. According to a progress report dated May 19, 2014, the patient was complaining of chronic pain fluctuating from 4/10-8/10. Her physical examination demonstrated left shoulder pain with reduced range of motion and bilateral shoulder tenderness over the AC with positive impingement sign. The patient was diagnosed with lumbar strain, right lower extremity radiculopathy, right hip contusion and left hip bursitis. The provider requested authorization to use Lidoderm patches.

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

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

Decision rationale: According to the MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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). In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first-line therapy, so the need for the Lidoderm patch is unclear. There is no documentation of improvement from a previous use of Lidoderm patch. Therefore, the prescription of Lidoderm is not medically necessary.