

Case Number:	CM14-0104998		
Date Assigned:	09/24/2014	Date of Injury:	04/23/1996
Decision Date:	10/29/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/08/2014

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 Anesthesiologist and 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:

The injured worker is a 59-year-old female who reported an injury on 04/23/1996. The mechanism of injury was not submitted for clinical review. The diagnoses included myalgia and myositis. Previous treatments included medication and trigger point injections. Within the clinical note dated 06/16/2014, it was reported the injured worker complained of back pain. She reported the pain radiated to her head. The patient described the pain as an ache, deep, discomforting, dull, sharp, shooting, and itching. She rated her pain 8/10 in severity without medication. On the physical examination, the provider noted cervical spine range of motion was noted to be extension at 10 degrees and flexion at 45 degrees. There was tenderness to palpation of the left supraspinatus, latissimus, and trapezius. There were active trigger points noted with spasms in all muscle groups on the left side. The provider requested Lidoderm patch. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, Page(s): 111-112.

Decision rationale: The request for Lidoderm patch 5% #60 with 4 refills is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. The Guidelines note Lidoderm is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.