

Case Number:	CM14-0111097		
Date Assigned:	08/01/2014	Date of Injury:	12/04/1989
Decision Date:	10/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/16/2014

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 Orthopedic Surgery and is licensed to practice in California. 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 88-year-old female who was reportedly injured on December 4, 1989. The mechanism of injury was not listed in the records reviewed. The most recent progress note dated June 2, 2014, indicates that there are ongoing complaints of weight loss and muscle tightness. There were also complaints of anxiety. The physical examination demonstrated that the injured employee had an unsteady gait but had an otherwise normal physical examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes physical therapy and oral as well as topical medications. A request was made for Lidoderm 5% Patches and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with

first-line therapy including antidepressants or anti-epilepsy medications. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request for Lidoderm 5% Patches #90 is not medically necessary.