

Case Number:	CM14-0111811		
Date Assigned:	08/01/2014	Date of Injury:	05/31/2005
Decision Date:	09/24/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	07/17/2014

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 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 57-year-old male who reported an injury on 05/31/2005. The mechanism of injury was a fall. The diagnoses include right knee prepatellar bursitis, low back sprain, and cervical spine sprain with residual subjective complaints. The previous treatments included physical therapy, chiropractic sessions, medication, and epidural steroid injections. The diagnostic testing include an EMG/NCV and an MRI. In the clinical documentation dated 07/21/2014, it was noted the injured worker complained of chronic pain of the neck and back. The provider noted the injured worker appropriately responds to medication. The provider indicated the injured worker was unable to function without medications. The request submitted is for Lidoderm patch for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%, qty 270 with 3 refills: 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 NSAIDs Page(s): 111-112.

Decision rationale: The MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendonitis, in particular that of the knee and/or elbow and other joints that are amiable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the injured worker was treated for, or diagnosed with osteoarthritis. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The clinical documentation submitted failed to provide a complete and adequate physical examination. The injured worker has been utilizing the medication since 11/2008, which exceeds guidelines recommendation of short term use of 4 to 12 weeks. Additionally, the request as submitted failed to provide the treatment site. As such, the request is not medically necessary.