

Case Number:	CM14-0119945		
Date Assigned:	08/06/2014	Date of Injury:	02/14/2001
Decision Date:	12/15/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/30/2014

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 Nevada. 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 records presented for review indicate that this 52-year-old female was reportedly injured on February 14, 2001. The mechanism of injury is noted as losing her balance and falling. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of low back pain, bilateral shoulder pain, bilateral knee pain, and right foot pain. The physical examination demonstrated left knee range of motion from 0 to 90 and right knee range of motion from 0 to 85. Diagnostic nerve conduction studies revealed bilateral carpal tunnel syndrome as well as bilateral tarsal tunnel syndrome. Previous treatment includes bilateral total knee arthroplasty, orthotics, and psychiatric treatment. A request had been made for Prevacid and was not certified in the pre-authorization process on July 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Lidoderm patches 5% (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 8 C.C.R. 9792.20 - 9792.26 Page(s): 56.

Decision rationale: The California MTUS 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. A review of the medical records indicates that the injured employee is currently prescribed Cymbalta and Paxil. Considering this, the request for Lidoderm 5% patches is not medically necessary.