MAXIMUS Federal Services

Case Number:	CM14-0127154		
Date Assigned:	09/23/2014	Date of Injury:	02/24/2008
Decision Date:	12/12/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Pain Medicine 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:

This is an injured worker with a date of injury of February 24, 2008. A utilization review determination dated July 25, 2014 recommends noncertification of Lidoderm patches. A progress report dated July 21, 2014 identifies subjective complaints of left knee pain. The injured worker states that her knee brace was adjusted and fits better. Current medications include Advil, Mentor, Lidocaine patches, Voltaren, and Hyzaar. Physical examination reveals tenderness to palpation over the medial joint line with moderate swelling. The diagnoses include left cervical radiculopathy, left shoulder sprain/strain, and meniscal tear of the left knee status post arthroscopic surgery. The treatment plan recommends a new left knee MRI, continue Voltaren, and continue acupuncture. A progress report dated July 15, 2014 states that the injured worker did not receive Lidoderm 5% patches yet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm %% Patch #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the injured worker has failed first-line therapy recommendations and no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.