

Case Number:	CM14-0158286		
Date Assigned:	10/01/2014	Date of Injury:	08/02/2007
Decision Date:	11/12/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/26/2014

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 New York. 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 58-year-old female who reported an injury on 08/02/2007. The mechanism of injury was not submitted for clinical review. The diagnoses included cervical spine sprain/strain, lumbar spine sprain/strain, and medial meniscal tear. The previous treatments included medication. The diagnostic testing included an MRI. Within the clinical note dated 07/14/2014, it was reported the provider recommended lidocaine patches. A physical examination was not submitted for clinical review. The request submitted is for Lidocaine patches for pain. 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:

Lidocaine patches 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request for lidocaine patches 5% #30 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and elbow or other joints that are amenable. Topical

NSAIDs are recommended for short term use of 4 to 12 weeks. Topical Lidocaine is recommended for neuropathic pain. There is lack of documentation indicating the efficacy of the medication and severance by significant functional improvement. The request submitted failed to provide a treatment site. Medical records failed to provide the frequency. Therefore, the request is not medically necessary.