

Case Number:	CM14-0020989		
Date Assigned:	04/30/2014	Date of Injury:	10/13/2006
Decision Date:	07/08/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational 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:

The patient has submitted a claim for low back, neck and shoulder pain associated with an industrial injury date of October 13, 2006. Treatment to date has included Norco, Omeprazole, Terocin, Menthoderm, Toradol injection, self-care home exercise program and TENS. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back, neck, and shoulder pain with a rate of 8/10. The patient likewise complained of pain in his buttocks and on the right foot and right shin with difficulty in standing upright. On physical examination, there was tenderness noted in the thoracolumbar paraspinal muscles, bilateral trapezius, left parascapular area and lateral aspect of the right foot. Range of motion of bilateral shoulders and lumbar spine was limited. Left lower extremity atrophy was noted. Antalgic gait was seen on the patient.

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 ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

Decision rationale: According to pages 56-57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy like gabapentin. Lidocaine patch is not a first line treatment and is only approved for post-herpetic neuralgia. In this case, there was no documentation that a first line treatment was used. In addition, the patient has used Terocin, a patch containing lidocaine and menthol, since June 2013 till October 2013 (for a total of 4 months) without documented relief or functional improvement to the patient. Furthermore, the present request does not specify the dosage. Therefore, the request for Lidocaine patch #60 is not medically necessary.