

Case Number:	CM14-0021413		
Date Assigned:	05/07/2014	Date of Injury:	04/05/2001
Decision Date:	07/23/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/20/2014

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 Neurology 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 67 year old male with a date of injury reported as 04/05/2001. There is no description of the mechanism of injury. A physical exam performed on 1/22/14 reports the patient had cervical tenderness upon palpation in addition to a decreased range of motion. The shoulder exam is notable for positive impingement signs and decreased range of motion bilaterally. The lumbar spine exam is notable as having tenderness to palpation with stiffness and decreased range of motion. The claimant also has crepitus reported in the knees with the patella-femoral grind tests. A diagnosis of bilateral carpal tunnel syndrome is also provided, however, there is no physical exam finding reported or diagnostic tests provided to support this finding. A previous request for Lidoderm patches was determined to be not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESIC.

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

Decision rationale: Lidocaine patch is not first line treatment as it only has FDA approval for post-herpetic neuralgia. It may be recommended for localized pain after there has been evidence of a first line therapy such as a try-cyclic antidepressant or an anti-epileptic drug such as gabapentin. In this case, there is no evidence provided there has been a trial of a first line therapy. In addition, there is no evidence the pain the claimant is reporting is due to post-herpetic neuralgia. Therefore, the request for the use of the Lidoderm patch 5% patch # 30 is not medically necessary and appropriate.