

Case Number:	CM14-0040067		
Date Assigned:	07/02/2014	Date of Injury:	12/21/1998
Decision Date:	07/31/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	04/04/2014

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 California, Pennsylvania, and Ohio. 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 underlying date of injury in this case is 12/21/98. The mechanism of injury is that the patient's vehicle was broad sided in a multi-vehicle accident. The patient underwent knee arthroscopy in 1999, underwent gastrectomy for ulcers and hiatal hernia in 2013, and has been treated with radiofrequency ablation. As of 2/11/14, the primary treating physician noted the patient had multiple conditions including a meniscus derangement, an old anterior cruciate ligament tear, osteoarthritis, sacroiliitis, muscle spasms, lumbosacral radiculopathy, low back pain, and polymyalgia rheumatica. The patient particularly complained of back pain which was mild to moderate and persistent and in the mid back and lower back without radiation of pain. The patient was specifically felt to have acute muscle spasms with myalgia/myositis, polymyalgia rheumatica, and facet arthropathy as active treating conditions. Treatment recommendations included Soma, oxycodone-acetaminophen, Lidoderm patches, and ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch #60, 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Lidoderm (Lidocaine Patch) Page(s): 56-57.

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

Decision rationale: The MTUS does not recommend topical Lidoderm for non-neuropathic pain. This patient does not have localized neuropathic pain. This patient may have a radiculopathy, but does not have a focal location for use of a patch. Overall, the medical records do not support a diagnosis for which Lidoderm Patch is recommended. This request is not medically necessary.