

Case Number:	CM14-0053618		
Date Assigned:	07/16/2014	Date of Injury:	09/10/1996
Decision Date:	10/07/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	04/22/2014

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. 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 58 year-old patient sustained an injury on 9/10/1996 while employed by. Request(s) under consideration include Lidoderm patch 5% 1 patch on 12 hrs off 12 hrs. Diagnoses include cervical strain; myofascial syndrome right upper trapezius; right lateral epicondylitis; and right CTS. The patient continues to treat for this 1996 with chronic right elbow and shoulder pain. Conservative care has included physical therapy, TENS, medications, injections, and modified activities/rest. Medications list Lidoderm, Biofreeze prescription requested. Report from the provider showed exam findings to include tenderness and swelling of the lateral epicondyle with pain increased upon forced finger extension; diffuse tenderness at C5-7 and bilateral greater occiput; cervical paraspinal spasm; trigger points at trapezius; normal cervical range except for mildly decreased bilateral rotation; intact motor, reflexes and sensation. The request(s) for Lidoderm patch 5% 1 patch on 12 hrs off 12 hrs was non-certified on 4/11/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% 1 patch on 12 hrs off 12 hrs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication. Lidoderm patch 5% 1 patch on 12 hrs off 12 hrs is not medically necessary and appropriate.