

Case Number:	CM14-0057423		
Date Assigned:	07/09/2014	Date of Injury:	08/01/1989
Decision Date:	09/08/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/28/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 61 year old female who sustained an injury on 08/01/89. No specific mechanism of injury was noted. The injured worker was followed for multiple complaints including right hip right shoulder low back and neck pain. The injured worker had extensive history of medication use including vicodin and soma for musculoskeletal pain. The injured worker was seen on 04/10/14 with complaints of continuing pain more severe in the left knee, left groin, left hip, low back and neck ranging between 5-9/10 visual analog scale. The injured worker utilized vicodin to help decrease pain levels. The injured worker also described numbness in the bilateral hands for which she utilized braces. Physical examination noted limited range of motion in the cervical spine and lumbar spine. Range of motion was limited in the right upper extremity. The injured worker was assessed with impingement syndrome of the right shoulder at this visit. Medications were continued including Lidoderm patches at 5% with one additional refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm
Page(s): 53.

Decision rationale: In regards to the request for Lidoderm patches #60 this reviewer would not have recommended this request as medically necessary based on clinical documentation submitted for review or current evidence based guidelines. Lidoderm patches are considered an option in the treatment of neuropathic pain that failed first line medications such as anticonvulsants or antidepressants. In this case the injured worker presented with no objective findings consistent with pain for the neuropathic etiology. There was no documented history of antidepressants or anticonvulsants. Therefore the clinical documentation would not support the injured worker as appropriate candidate for Lidoderm patches per guideline recommendations. As such this request is not medically necessary.