

Case Number:	CM14-0064746		
Date Assigned:	07/11/2014	Date of Injury:	06/06/2012
Decision Date:	09/18/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/07/2014

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:

The injured worker is a 52-year-old male who reported an injury on 06/06/2012. He reportedly worked for [REDACTED] where he operated a truck to pick up furniture that people wanted to donate and would take it back to the location to have it sold. The injured worker was moving a piano with another individual and the piano fell into the wall. He had severe pain up and down his spine, arm pain, right hip, and numbness in his legs and his arms. The injured worker's treatment history included surgery, medications, EMG/NCV studies, CT scan, MRI, and physical therapy. The injured worker was evaluated on 06/09/2014 and it was documented the injured worker complained of neck and back pain. Medications included Topamax 50 mg, 20 mg, oxycodone mg, Vistaril 25 mg, Tramadol 50 mg, and Lyrica 75 mg. Diagnoses included cervical spine stenosis, rotator cuff syndrome, carpal tunnel syndrome, and chronic pain syndrome. The Request for Authorization or rationale were not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57,111.

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

Decision rationale: The California MTUS Guidelines indicate that topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial and failure of first line therapy. This is not a first line treatment and is only FDA approved for post herpetic neuralgia. It is only recommended in the form of the Lidoderm patch. The clinical documentation submitted for review failed to indicate the outcome measurements of home exercise regimen and long-term functional goals for the injured worker. The duration of use could not be established through supplied documentation. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Lidoderm patches 5% quantity 60 is not medically necessary.