

Case Number:	CM14-0065271		
Date Assigned:	08/11/2014	Date of Injury:	08/09/2011
Decision Date:	10/07/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 Occupational Medicine, 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:

Patient is a 52 female with date of injury 08/09/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 04/02/2014, lists subjective complaints as pain in the left ankle, low back, right shoulder and left knee. Objective findings: no physical examination was noted in PR-2. Diagnosis: 1. Left ankle pain, S/P surgery on 03/14/2013 with debridement arthrotomy and excision of the lateral talus 2. Right-sided low back pain radiating to right lower extremity 3. Right shoulder pain 4. Left knee pain. The medical records supplied for review document that the patient had been prescribed the following medication for at least one month prior to the request for authorization on 04/02/2014. It is noted in the record that the patches are not sticking to the patient. Medications: 1. Lidoderm Patch 5%, #30 SIG: 12 hours on/ 12hours off.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

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

Decision rationale: According to the MTUS, Lidoderm may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The medical record has no documentation that the patient has undergone a trial of first-line therapy. In addition, the patches do not stick to the patient at the area of her pain. Therefore the request is not medically necessary.