

Case Number:	CM14-0070910		
Date Assigned:	09/18/2014	Date of Injury:	07/01/2008
Decision Date:	11/14/2014	UR Denial Date:	04/28/2014
Priority:	Standard	Application Received:	05/16/2014

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, 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 55-year-old male who reported an injury on 07/01/2008 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his cervical spine, lumbar spine, and right shoulder. The injured worker's treatment history included multiple medications. The injured worker was evaluated on 04/08/2014. It was documented that the injured worker continued to experience chronic pain. Physical findings included restricted range of motion of the cervical and lumbar spine with tenderness and spasming present to the paravertebral musculature. The injured worker had a positive right sided straight leg raising test. The injured worker's medications included Hydrocodone/APAP 10/325mg, Omeprazole 20mg, Lidoderm patches 5%, and Orphenadrine ER 100mg. The injured worker's diagnoses included brachial neuritis or radiculitis not otherwise specified, postsurgical status not elsewhere classified, derangement of the joint not otherwise specified of shoulder, and lumbar radiculopathy. The injured worker's treatment plan included continuation of medication usage, follow-up with psychiatric care, and a follow-up visit in 4 weeks. A Request for Authorization form to support the request was submitted on 04/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch 700mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 60, 111.

Decision rationale: The requested Lidoderm patch 5% 700 mg is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of medications be based on functional improvement and pain relief. The clinical documentation submitted for review does indicate that the injured worker has been on this medication since at least 11/2013. However, a quantitative assessment of pain relief was not provided in the most recent clinical evaluation. Furthermore, there was no documentation of significant functional improvement resulting from the use of this medication. Therefore, ongoing use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment, or an applicable body part. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the request of Lidoderm 5% patch 700 mg is not medically necessary.