

Case Number:	CM14-0076277		
Date Assigned:	07/18/2014	Date of Injury:	10/09/1990
Decision Date:	10/02/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/27/2014

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 Nevada. 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 67-year-old female who was reportedly injured on October 9, 1990. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated April 8, 2014, indicates that there are ongoing complaints of back pain, bilateral shoulder pain, and neck pain. There were symptoms radiating to the left leg. Pain was rated at 9/10. Current medications include Norco, OxyContin, Lidoderm patches, Motrin, soma, Zantac, Ambien, Zoloft, and Valium. The physical examination demonstrated decreased range of motion of the bilateral shoulders and of the cervical spine limited by pain. Left upper extremity strength was rated at 4/5. Decreased sensation was noted at the lateral thighs and there was hypersensitivity of the first through fourth digits on the right hand. There was a positive cervical spine Spurling's test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a cervical spine fusion in 2005 and a lumbar spine surgery in 1995. A request was made for lidocaine patches and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches 5% #60: 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 Page(s): 56, 57, 112 of 12.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the injured employee is not stated to have failed these first-line treatments. As such, this request for lidocaine patches is not medically necessary.