

Case Number:	CM14-0093930		
Date Assigned:	07/25/2014	Date of Injury:	07/08/2003
Decision Date:	10/01/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/20/2014

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 records presented for review indicate that this 51-year-old female was reportedly injured on July 8, 2003. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated May 2, 2014, indicates that there are ongoing complaints of neck pain, shoulder pain, left arm pain, bilateral knee pain, low back pain, and right leg pain. The injured employee states that medications help her participate in activities of daily living. The physical examination demonstrated tenderness along the cervical and lumbar spine paraspinal muscles without spasms. There was also some tenderness at both shoulders. There was decreased lumbar spine range of motion. Examination of both knees noted the absence of an effusion and near full range of motion. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes oral and topical medications. A request had been made for Lidoderm 5% Patches and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-78, 88, 91.

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. Review of the available medical records, fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this for Lidocaine 5% Patches is not medically necessary.