

Case Number:	CM14-0182276		
Date Assigned:	11/07/2014	Date of Injury:	06/15/2004
Decision Date:	01/09/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/03/2014

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 Management, 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 patient is a 56 year old female with date of injury 6/15/04. The treating physician report dated 10/09/14 (132) indicates that the patient presents with pain affecting the neck, elbow and back. The physical examination findings reveal generalized back pain located on both sides and neck. The patient feels more depressed and is having a really hard time overall. The patient went off of pain medications for three months as they made her sick. Prior treatment history includes pain management. MRI findings from 2007 reveal a small central protrusion at C5-6 impinging on the ventral cord and slight posterior longitudinal ligament hypertrophy at C4-5 minimally impinging on the ventral cord. The current diagnoses are: 1.Degenerative disc disease2.Myofascial pain3.Back pain4.Lumbar degenerative disc disease5.Sciatica6.Low back pain7.Arthritis of the back8.Depression9.Pain of cervical spine10.Insomnia11.Mouth pain12.Teeth decayedThe utilization review report dated 10/21/14 denied the request for Lidoderm 5% patches #60 with 5 refills based on the medication no longer helping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches # 60 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm patches, Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: The patient presents with neck, elbow and back pain. The current request is for Lidoderm 5% patches #60 with 5 refills. The treating physician states that she used to get relief from Lidoderm but it stopped helping. The MTUS guidelines state that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after that has been evidence of a trial of first-line therapy. In this case the treating physician has documented the lack of effectiveness of the Lidoderm patch. There is no improvement or benefit documented and the treating physician has not documented that the patient has localized peripheral pain. Recommendation is for denial.