

Case Number:	CM14-0212826		
Date Assigned:	12/30/2014	Date of Injury:	12/23/2011
Decision Date:	02/19/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Georgia, California, Texas

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker (IW) sustained an industrial injury on 12/23/11. 11/19/14 office note documented complaints of left shoulder pain, left arm pain, bilateral hand pain, and low back pain. Documented treatment to date has included chiropractic physical therapy and medications. Neurological review of systems was negative. There were no current medications. Examination of the wrists revealed positive Phalen and Tinel signs. Focal deficits in motor strength and sensation were documented in the left lower extremity. IW was prescribed Celebrex, Lidoderm patches, and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% apply up to three patches for 12 hours in a 24 hour period #90:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: The treating physician has documented symptoms and physical exam findings suggestive of neuropathic pain. MTUS recommends Lidoderm patch as a second-line treatment for neuropathic pain, and does not recommend Lidoderm patch unless there has been a trial of a first-line medication for neuropathic pain including an antiepilepsy drug such as Gabapentin or an antidepressant such as Amitriptyline. Because no previous trial of a first-line drug is documented, medical necessity is not established for the requested Lidoderm patches. The request is not medically necessary.