

Case Number:	CM15-0002083		
Date Assigned:	01/13/2015	Date of Injury:	08/31/2011
Decision Date:	03/13/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 66-year-old male who reported an injury on 08/31/2011. The mechanism of injury was reportedly when he fell. His diagnoses include diabetes mellitus type 2, chronic left shoulder pain, chronic cervical pain, chronic left knee pain, chronic headaches, hypertension, hyperthyroidism, constipation and insomnia. Other therapies were noted to include Lidoderm patches. On 11/18/2014, it was noted the injured worker had left shoulder pain and left knee pain. He reported that he has headaches and neck pain. Upon physical examination, it was noted the injured worker had tenderness to his left knee, and decreased range of motion and tenderness to his right shoulder. Medications were noted to include Colace and Lidoderm patches. The treatment plan was noted to include medications and an orthopedic consultation. A request was received for 1 prescription of Lidoderm patches #90 with 3 refills between 11/18/2014 and 4/22/2015, without a rationale. The Request for Authorization was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Lidoderm Patches #90 with 3 Refills Between 11/18/2014 and 4/22/2015:
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 Topical Analgesics Page(s): 111-112.

Decision rationale: The request for 1 prescription of Lidoderm patches #90 with 3 refills between 11/18/2014 and 4/22/2015 is not medically necessary. According to the California MTUS Guidelines, topical analgesics are recommended for neuropathic pain after trials of antidepressants and anticonvulsants have failed. The guidelines also indicate that Lidoderm patches are indicated for those with postherpetic neuralgia. The clinical documentation submitted for review did not indicate this injured worker had tried and failed antidepressants and anticonvulsants. Additionally, it was not noted that the injured worker had postherpetic neuralgia. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify which body region this is to be applied to. As such, the request for 1 prescription of Lidoderm patches #90 with 3 refills between 11/18/2014 and 4/22/2015 is not medically necessary.