

Case Number:	CM15-0008391		
Date Assigned:	01/26/2015	Date of Injury:	07/14/2007
Decision Date:	03/25/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	01/14/2015

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, Arizona

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 62-year-old male who reported injury on 07/14/2007. The mechanism of injury was the injured worker hit his right knee on a pallet. The diagnoses included chronic right knee regional arthralgia, recurrent myofascial strain, and neuropathic pain. The documentation of 05/19/2014 revealed the injured worker had chronic pain. The injured worker was utilizing Percocet 7.5 mg and patches for topical relief. The physical examination revealed spasm and tenderness in the paravertebral muscles of the lumbar spine with decreased range of motion on flexion and extension. The injured worker had decreased sensation in the L4, L5 and S1 dermatomal distribution bilaterally more on the right side. The diagnoses included lumbosacral radiculopathy and lumbar sprain and strain. The treatment plan included a refill of the medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm (Lidocaine Patch 5%) x 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm
Page(s): 56-57.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that topical lidocaine may be recommended for localized peripheral pain if there has been evidence of a trial of first line therapy including tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica. The clinical documentation submitted for review failed to indicate the injured worker had a trial and failure of a first line therapy. Additionally, the request as submitted failed to indicate the body part to be treated and the frequency. The injured worker was noted to be utilizing the medication; however, an objective functional benefit and an objective decrease in pain was not provided. Given the above, the request for Lidoderm (lidocaine patch 5%) x30 is not medically necessary.