

Case Number:	CM15-0106321		
Date Assigned:	06/04/2015	Date of Injury:	01/25/1995
Decision Date:	07/02/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/07/2015

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 60 year old male, who sustained an industrial injury on December 2, 1999. He reported neck pain, shoulder pain, low back pain and sciatic pain. The injured worker was diagnosed as having chronic low back pain, radiculopathy, nerve damage, spinal stenosis and muscle strain. Treatment to date has included diagnostic studies, conservative care, medications and work restrictions. Currently, the injured worker complains of neck pain, shoulder pain, chronic low back pain and sciatic pain for over 20 years. The injured worker reported an industrial injury in 1999, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on December 13, 2014, revealed continued pain as noted. He reported being unable to get pain medications refilled. Evaluation on January 29, 2015, revealed continued pain as noted. He reported running out of medications and pain patches. He reported benefit with the use of pain patches. Lidocaine patches were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medi Patches with Lidocaine quantity 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 Topical Medications Page(s): 111-113.

Decision rationale: The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of patch improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm patch is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidoderm along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on multiple other oral analgesics. The Medi Patches with Lidocaine quantity 30 is not medically necessary and appropriate.