MAXIMUS Federal Services

Case Number:	CM15-0108012		
Date Assigned:	06/12/2015	Date of Injury:	10/04/2011
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/04/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency 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:

The injured worker is a 54 year old male who sustained an industrial injury on 10/4/11. The injured worker was diagnosed as having status post right elbow surgery, chronic cervical pain and chronic right shoulder pain. Currently, the injured worker was with complaints of pain in the neck, right shoulder, right elbow and right arm. Previous treatments included status post right elbow surgery and medication management. Previous diagnostic studies included a magnetic resonance imaging. Physical examination was notable for lateral epicondylar tenderness, paracervical tenderness and right shoulder rotator cuff tenderness. The plan of care was for medication prescriptions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Lidocaine pad 5%, QTY: 30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

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

Decision rationale: Guidelines state that Lidocaine patch may be recommended for localized peripheral pain after first line therapy with antidepressants and anticonvulsants has failed. In this case, there is insufficient documentation of radiculopathy or documentation of failed first line therapy. The request for lidocaine pad 5% #90 with 3 refills is not medically appropriate and necessary.