

Case Number:	CM15-0013733		
Date Assigned:	02/13/2015	Date of Injury:	02/27/2014
Decision Date:	04/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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 38-year-old female who reported an injury on 02/27/2014. The mechanism of injury was not stated. The current diagnoses include fibromyositis, injury of the inner ear, neck pain, psychophysiological disorder, disorder of breast implant and headache following lumbar puncture. The injured worker presented on 12/10/2014 for a follow-up evaluation. It was noted that the injured worker underwent a breast implant surgery in October and was having no issues postoperatively. The injured worker reported persistent neck pain localized to the occipital area and along the cervical spine on the left. The injured worker was utilizing Ibuprofen and Tramadol. Additionally, the injured worker had been prescribed Flector 1.3% patch and Lidoderm 5% patch. Upon examination, there was no acute distress noted. Musculoskeletal examination was not provided. Recommendations included continuation of Ibuprofen 600 Mg, Tramadol 50 mg and Lidoderm 5% patch. The injured worker was also issued a referral for acupuncture. A request for authorization form was then submitted on 12/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, thirty count with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Section.

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

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy with antidepressants and anticonvulsants. In this case, there was no evidence of a failure of first line oral medication. There was no documentation of neuropathic or peripheral neuropathic pain or localized peripheral pain. There is also no frequency listed in the request. Given the above, the request is not medically appropriate.