

Case Number:	CM15-0015225		
Date Assigned:	03/18/2015	Date of Injury:	11/24/1997
Decision Date:	04/20/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/27/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 71 year old woman sustained an industrial injury on 11/24/1997. The mechanism of injury is not detailed. Current diagnoses include pain in joint involving lower leg, thoracic vertebrae compression fracture, degeneration of cervical intervertebral disc, cervical spondylosis without myelopathy, spinal stenosis to the lumbar region without neurological claudication, degenerative lumbar/lumbosacral intervertebral disc. Treatment has included oral medications and surgical intervention. Physician notes on a PR-2 dated 1/7/2015 show complaints of low back pain rated 7/10 without medications and 4/10 with medications. Recommendations include initiation of Lidoderm 5% patch, continue other medications, continue home exercise program including moist heat, stretches, strengthening, and regular aerobic activities, participation in pain management support group, continue care with orthopedist for hip fracture, clarification of accepted and claimed body parts, and orthopedic consultation for right knee issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin). In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches is not medically necessary.