

Case Number:	CM15-0130484		
Date Assigned:	07/16/2015	Date of Injury:	04/14/2012
Decision Date:	08/14/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/07/2015

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, Pain Management

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 61 year old female, who sustained an industrial injury on 4/14/2012. She reported cumulative trauma to multiple body areas including the neck, low back, knees and shoulders. Diagnoses include cervical radiculopathy, cervical disc bulge, lumbar radiculopathy and lumbar disc bulge with stenosis. Treatments to date include chiropractic therapy, physical therapy, psychotherapy, and epidural steroid injections. Currently, she complained of chronic neck pain with exacerbation from recent motor vehicle rear-end accident and now reports new symptom of right arm pain radiation. There was also chronic low back pain with radiation to bilateral lower extremities. On 4/21/15, the physical examination documented decreased sensation in the right arm and poor grip. The lumbar spine demonstrated decreased strength and sensation with lumbar muscle spasm and trigger points noted. The plan of care included Lidoderm Patch 4%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 4% Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 56-57, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or anti-epileptic drugs. Within the documentation available for review, there is no documentation of what first-line therapy has been tried and failed prior to the initiation of Lidoderm patches. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the previously prescribed Lidoderm. As such, the currently requested Lidoderm is not medically necessary.