

Case Number:	CM15-0131540		
Date Assigned:	07/17/2015	Date of Injury:	03/16/2009
Decision Date:	08/13/2015	UR Denial Date:	06/25/2015
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: Preventive Medicine, Occupational 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 48-year-old female, who sustained an industrial injury on March 16, 2009. Several documents within the submitted medical records are difficult to decipher. The injured worker was diagnosed as having knee osteoarthritis, bilateral shoulder and chronic lumbar dysfunction. Treatment to date has included home exercise program (HEP) and medication. A progress note dated June 16, 2015 provides the injured worker complains of neck, back shoulder and thumb pain. Physical exam notes carpometacarpal joint tenderness and weight gain. The plan includes Lidoderm patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% 1 QD #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

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

Decision rationale: MTUS Guidelines are very specific regarding the supported indication for the use of topical Lidoderm. This individual does have these qualifying conditions. The indicated use is for a localized superficial neuropathic pain syndrome, which does not include spinal pain. There is no indication that this individual has a localized neuropathic process, the pain appears to be widespread musculoskeletal pain. There are no unusual circumstances to justify an exception to Guidelines. The Lidoderm Patch 5% 1 QD #50 is not supported by Guidelines and is not medically necessary.