

Case Number:	CM15-0140778		
Date Assigned:	07/31/2015	Date of Injury:	04/28/2011
Decision Date:	09/24/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/21/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55 year old male, who sustained an industrial injury on 4-28-2011. The current diagnoses are status post left total knee arthropathy (8-11-2014), bilateral wrist and hand pain, low back pain, left elbow pain, and impingement-osteoarthropathy-rotator cuff pathology of the left shoulder. According to the progress report dated 6-10-2015, the injured worker complains of left knee, left shoulder, upper thoracic and low back pain. On a subjective pain scale, he rates his left knee and left shoulder 9 out of 10, upper thoracic 7 out of 10 and low back 8 out of 10. The physical examination of the left knee reveals diffuse tenderness, limited range of motion, and swelling. Examination of the lumbar spine reveals tenderness, painful and limited range of motion, and paraspinal musculature spasm. Examination of the left shoulder reveals tenderness, positive impingement sign, limited and painful range of motion, and atrophy of the left deltoid. He does have tenderness diffusely in the left elbow. Bilateral wrist and hand exam was essentially unchanged. The current medications are Pantoprazole, MS Contin, Clonazepam, Lidoderm patch, Flector patch, Nexium, Naproxen, Norco, Neurontin, Amitriptyline, Topamax, Voltaren gel, and Fioricet. There is documentation of ongoing treatment with Lidoderm patches since at least 12-31-2014. Treatment to date has included medication management, physical therapy, and surgical intervention. Work status was described as temporarily totally disabled. A request for Lidoderm patches has been submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches, (unknown Qty not provided): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112 of 127.

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 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement as a result of the currently prescribed lidoderm. As such, the currently requested lidoderm is not medically necessary.