MAXIMUS Federal Services

Case Number:	CM15-0160032		
Date Assigned:	08/26/2015	Date of Injury:	09/15/2005
Decision Date:	09/29/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/17/2015

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, Alabama, 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 35 year old male sustained an industrial injury to the right knee on 9-15-05. The injured worker later developed low back and left knee pain. On In March 2015, the injured worker had a seizure with subsequent fall and right shoulder injury. It was determined that the injured worker's seizure was secondary to abrupt stopping of Xanax. Magnetic resonance imaging right shoulder (5-7-15) showed a partial infraspinatus tendon tear, a supraspinatus tendon tear and hypertrophic arthrosis of the acromioclavicular joint with impingement. Previous treatment included lumbar fusion (2010), knee surgery times two, physical therapy, chiropractic therapy, psychiatric care, epidural steroid injections, transcutaneous electrical nerve stimulator unit and medications. In an initial pain management consultations dated 7-14-15, the injured worker complained of back pain with radiation to bilateral lower extremities and chronic right knee pain. The physician noted that the injured worker continued to take Norco 8 tablets per day. The injured worker also had a medical marijuana card. Current diagnoses included patellofemoral syndrome, history of major depressive disorder, chronic bilateral knee pain and chronic low back pain. The physician stated that he would need to be judicious in managing this injured worker's medications. The injured worker had used Lidoderm patches successfully in the past. The treatment plan included a prescription for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidoderm 5% patch 700mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to MTUS guidelines, Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. 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. Although the provider reported that the patient responded to previous use of Lidoderm patch, there is no objective documentation of pain and functional improvement with previous use of Lidoderm patch. Therefore, 1 prescription of Lidoderm 5% patch 700mg #30 is not medically necessary.