

Case Number:	CM15-0185284		
Date Assigned:	09/28/2015	Date of Injury:	08/19/2013
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/22/2015

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

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 64-year-old male who sustained multiple industrial injuries on 8-19-2013. Diagnoses have included right shoulder strain, acromioclavicular osteoarthritis, glenohumeral osteoarthritis, bursitis, tendinosis, left knee strain, and left lumbar radiculitis. Documented treatment includes Synvisc injections for the knee, epidural steroid injections for unspecified injury, activity restrictions, physical therapy for the knee, and chiropractic and acupuncture treatments but documentation is not provided regarding which injuries these treatments addressed. He has been taking medication including Ultram, compound creams and Lidoderm patch since at least 4-2015 stated to be helpful. The injured worker continues to present with pain in his right shoulder, knee and low back. The treating physician's plan of care includes Lidoderm patch, 30 count, with 5 refills. This was declined on 9-9-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30 with 5 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic anti-depressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment and therefore the use of Lidoderm is not medically necessary.