MAXIMUS Federal Services

Case Number:	CM15-0192518		
Date Assigned:	10/06/2015	Date of Injury:	05/05/1998
Decision Date:	11/20/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/30/2015

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, 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 67 year old male who sustained an industrial injury on May 05, 1998. A recent primary treating office visit dated August 03, 2015 reported current subjective complaint of "constant moderate to severe pain in her low back and bilateral knees left side greater with associated numbness and tingling in right hand." The following diagnoses were applied to this visit: lumbar spine strain with radicular complaints aggravated by two subsequent injuries; right knee contusion, rule out internal derangement; right ankle strain; left knee strain, and post-traumatic weight gain. She was prescribed Flexeril, Meloxicam. The treatment to date included: activity modification, medication, acupuncture session and diagnostic testing. Primary follow up dated May 18, 2015 reported "her condition remains unchanged since last evaluation." She continues to experience mild to moderate pain in her low back and bilateral knees left side greater. Primary follow up dated March 16, 2015 reported the worker being prescribed: Ibuprofen, Tramadol, and Omeprazole. Back on February 2015 primary follow up she was prescribed: Flexeril and Naproxen. On September 08, 2015 a request was made for Lidoderm patches that was modified by Utilization Review on September 15, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Office visit re-eval 09/22/15 for prescription of Lidoderm patches in continuation of current treatment quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: MTUS 2009 states that Lidoderm patches are a second line option to treat peripheral neuropathic pain such as post-herpetic neuralgia and painful diabetic neuropathy. This patient is not diagnosed with either medical condition. Patient continues to report significant pain with corresponding limited function. The use of Lidoderm patches does not adhere to evidence-based guidelines and there is no significant functional benefit with its use. Lidoderm patches are not medically necessary in this case.