

Case Number:	CM15-0020565		
Date Assigned:	02/10/2015	Date of Injury:	02/19/2013
Decision Date:	03/25/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/04/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 57 year old male with an industrial injury dated February 19, 2013. The injured worker diagnoses include rotator cuff sprain, lumbar spine sprain/strain with radiculopathy, cervical spine strain/sprain with radiculopathy, and complex regional pain disorder to the right upper extremity. He has been treated with diagnostic studies, radiographic imaging, prescribed medications, and periodic follow up visits. According to the agreed medical examination dated January 13, 2015, the injured worker current complaints include ongoing right shoulder pain and weakness. Documentation noted that his pain in the cervical spine radiates into the right shoulder and the low back pain radiates into the left lower extremity. There were no current primary treating physician reports submitted for review. The treating physician prescribed Lidoderm patch 5% #30. Utilization Review determination on January 22, 2015 denied the request for Lidoderm patch 5% #30, citing MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 and 111-112.

Decision rationale: The injured worker has a history of persistent rotator cuff sprain, lumbar spine sprain/strain with radiculopathy, cervical spine strain/sprain with radiculopathy, and complex regional pain disorder to the right upper extremity. The MTUS guidelines cited state that topical lidocaine is not a first-line treatment for localized peripheral pain; however, it may be recommended in cases where there has been a prior trial of first-line therapy with medications such as tricyclics, anticonvulsants, or serotonin and norepinephrine reuptake inhibiting antidepressants. Based on the injured worker's current medical information, there is no such documentation of the medication trial. Therefore, per the MTUS guidelines cited, the request for the Lidoderm patch is not medically necessary.