

Case Number:	CM15-0029270		
Date Assigned:	03/20/2015	Date of Injury:	09/23/2011
Decision Date:	04/24/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/17/2015

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: California

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 58 year old male, who sustained an industrial injury on September 23, 2011. He has reported neck pain, back pain, and wrist pain. Diagnoses have included cervical spine stenosis, neck pain, lower back pain, lumbar spine stenosis, lumbar spine disc protrusion, carpal tunnel syndrome, anxiety, depression, and insomnia. Treatment to date has included medications, wrist surgery, physical therapy, epidural steroid injection, and imaging studies. A progress note dated December 29, 2014 indicates a chief complaint of continued neck pain, back pain, and wrist pain. The treating physician documented a plan of care that included medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Lidoderm patches quantity 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs.

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

Decision rationale: As noted in the MTUS guidelines, lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy including tricyclic or SNRI antidepressants, or drugs such as gabapentin or Lyrica. In this case, a review of the medical records does not indicate that the injured worker has had a trial of first-line therapy such as antidepressants, gabapentin, or Lyrica. The request for Lidoderm Patches is therefore not supported. The request for prescription of Lidoderm patches quantity 30 is not medically necessary.