

Case Number:	CM15-0035796		
Date Assigned:	03/04/2015	Date of Injury:	07/20/2013
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/25/2015

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, Michigan, 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:

The injured worker is a 69-year-old male, who sustained a work related injury on 7/20/13. He spent a great deal of time kneeling for three days. The diagnoses have included multiple level cervical disc protrusion, cervical radiculopathy, cervical strain/sprain, multiple level lumbar disc protrusion, lumbar radiculopathy, spondylolisthesis, symptomatic degenerative arthritis in both knees and right knee tendinosis/meniscal tear. Treatments to date have included a MRI right knee dated 6/19/14, a MRI lumbar spine dated 6/12/14, a MRI cervical spine dated 6/17/2014, right knee physical therapy, and modified work duties. In the PR-2 dated 12/30/14, the injured worker complains of continued neck and lower back pain with pain that radiates down both arms and both legs. He has numbness and weakness. He complains of continued bilateral knee pain. He has spasm, tenderness and guarding of the paravertebral musculature in the cervical and lumbar spine with decreased range of motion on flexion and extension. He has medial and lateral joint tenderness with flexion and extension of the left knee along with patellar crepitus. He has a positive McMurray's sign noted medially. The request is for certification of Lidoderm patches. On 1/27/15, Utilization Review non-certified a Lidoderm 5% patch, #60 with 5 refills. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, Qty 60, 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

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

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patch, with 5 refills is not medically necessary.