MAXIMUS Federal Services

Case Number:	CM15-0045116		
Date Assigned:	03/16/2015	Date of Injury:	08/01/2001
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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 63 year old male patient who sustained an industrial injury on 08/01/2001. A primary treating office visit dated 12/22/2014 reported subjective complaint of experiencing increased pain and tenderness due to the cold weather and activity. The pain radiates down into his left knee on occasion and also up into shoulders. Objective findings showed tenderness at L5-S1; with spasm. A positive straight leg raise test was found. There were no acute lymphatic changes noted. The following diagnoses are applied: lumbar spine Marfan syndrome with left sciatica and osteoarthritis of the lumbar spine. The plan of care involved obtaining radiography study of left knee, left femur, left tibia; bilateral shoulders, and bilateral clavicle, physical therapy or chiropractic treatment 3 times weekly for 6 weeks. Continue with medications: Ibuprophen, Tylenol, and Lidocaine patch. Obtain magnetic resonance imaging of bilateral hips, lumbar spine, and pelvis. Continue with home exercise and remain off work, retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Effective July 18, 2009.

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 Endo Pharmaceuticals. 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 Lidocaine patch is unclear. There is no documentation of efficacy of previous use of Lidocaine patch. Therefore, the prescription of Lidocaine patches is not medically necessary.