

Case Number:	CM15-0046703		
Date Assigned:	03/18/2015	Date of Injury:	10/28/2011
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/11/2015

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, 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 47 year old male who sustained an industrial injury on 10/28/11. The injured worker has been diagnosed of Lumbar radiculopathy, lumbar strain cervical strain, myofascial pain, and shoulder derangement. Treatments include medications. Diagnostic studies include an MRI of the lumbar spine and nerve conduction studies. Current complaints include low back pain with cramping of his bilateral calves. In a progress note dated 02/13/15 the treating provider reports the plan of care as awaiting x-rays of the bilateral shoulders and a lumbar epidural steroid injection, continue medications, including gabapentin and Lidoderm patches. The requested treatment is Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112, 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The injured worker sustained a work related injury on 10/28/11. The medical records provided indicate the diagnosis of Lumbar radiculopathy, lumbar strain cervical strain, myofascial pain, and shoulder derangement. Treatments include medications. The medical records provided for review do not indicate a medical necessity for Lidoderm 5% patches, #30. Lidoderm patch is a topical analgesic containing Lidocaine. Lidoderm patch is recommended for localized peripheral pain after there has been evidence of a failed trial of first-line therapy (tricyclic or SNRI anti-depressants or an Antiepileptic drug like gabapentin or Lyrica). The records indicate the injured worker has not failed treatment with the Gabapentin, although there was an adverse reaction for which he was advised to take it at night. The requested treatment, however, is not medically necessary.