MAXIMUS Federal Services

Case Number:	CM15-0048609		
Date Assigned:	03/20/2015	Date of Injury:	11/03/2010
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/14/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female, who sustained an industrial injury on 11/13/2001. Initial complaints reported included cervical neck pain/injury due to repetitive task. The initial diagnoses were not mentioned. Treatment to date has included conservative care, medications, MRI of the cervical spine, electrodiagnostic testing of the upper extremities, physical therapy, chiropractic manipulation, and cognitive behavioral therapy (CBT). Currently, the injured worker complains of frequent neck pain (rated 5-7/10). Current diagnoses include cervical degenerative disc disease, cervical degenerative arthritis, and repetitive strain/stress injury to the cervical spine. The treatment plan consisted of continued medications (tramadol/APAP, Anaprox, ibuprofen and Methocarbamol), transfer of remaining CBT due to physician's retirement, and follow-up.

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 Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidoderm, CA MTUS states that topical lidocaine is "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 or Lyrica)." Within the documentation available for review, there is no indication of localized peripheral neuropathic pain after failure of first-line therapy. Given all of the above, the requested Lidoderm is not medically necessary.