MAXIMUS Federal Services

Case Number:	CM15-0053703		
Date Assigned:	03/27/2015	Date of Injury:	05/20/1998
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/20/2015

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, New York
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 54 year old female, who sustained an industrial injury on May 20, 1998. She reported neck pain and hand pain. The injured worker was diagnosed as having myofascial pain syndrome, cervical radiculopathy, failed neck surgery syndrome and chronic pain. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention of the cervical spine, conservative treatments, medications, pain patches and work restrictions. Currently, the injured worker complains of neck and thoracic spine pain with pain, tingling and numbness to the upper extremities. The injured worker reported an industrial injury in 1998, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on January 5, 2015, revealed continued pain. She reported the most relief with medications and patches. She was encouraged to continue home exercises. Medications and patches were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The request is not medically necessary. According to MTUS guidelines, Lidoderm is not first line treatment and is only FDA approved for post-herpetic neuralgia. More research is needed to recommend it for chronic neuropathic pain other than post-herpetic neuralgia. The patient is currently on Amitriptyline, which is first-line for neuropathic pain. Therefore, the request is considered medically unnecessary.