

Case Number:	CM15-0056319		
Date Assigned:	04/01/2015	Date of Injury:	11/26/2012
Decision Date:	05/05/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/25/2015

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 64-year-old female, with a reported date of injury of 11/26/2012. The diagnoses include shoulder tendinitis/bursitis, ankle tendinitis/bursitis, knee tendinitis/bursitis, wrist tendinitis/bursitis, cervical radiculopathy, foot sprain/strain, and lumbosacral radiculopathy. Treatments to date have included oral medications. The follow-up report dated 03/04/2015 indicates that the injured worker complained of an exacerbation of the neck and low back pain, and spasms with radiation into the upper and lower extremities. She had multiple joint complaints including the hips, elbows, hands, feet, and shoulders. The physical examination showed spasm and tenderness in the paravertebral musculature of the cervical and lumbar spine with decreased range of motion on flexion and extension; an antalgic gait; decreased sensation over the L5 and C6 dermatomes bilaterally with pain; weakness with toe and heel walking bilaterally; and weakness with elevation of both arms. The treating physician requested Lidoderm 5% patch #60, with five refills for pain and to prevent a gap in the injured worker's treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Opioids, criteria for use.

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 #60, with 5 refills is not medically necessary.