

Case Number:	CM15-0080691		
Date Assigned:	05/01/2015	Date of Injury:	06/19/2003
Decision Date:	06/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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, Alabama, 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 43-year-old female injured worker suffered an industrial injury on 06/19/2003. The diagnoses included carpal tunnel syndrome, headache and cervical pain. The injured worker had been treated with medications. On 4/15/2015, the treating provider reported the neck pain with medications rated 3/10 and without medications was 6/10 with poor sleep quality. On exam, the cervical spine range of motion is restricted with muscle tenderness. The right elbow was tender. The treatment plan included Lidocaine 5% patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch (700mg/patch) #90 with 5 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 (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "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 clear documentation of recent use of these medications. Furthermore, there is no evidence of functional improvement despite the previous use of Lidocaine. In addition, there is no strong evidence supporting its efficacy in chronic neck and back pain. Therefore, the prescription of Lidocaine 5% #90, with 5 refills is not medically necessary.