

Case Number:	CM15-0084550		
Date Assigned:	05/06/2015	Date of Injury:	09/09/2014
Decision Date:	06/08/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/02/2015

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: Pennsylvania
 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 65-year-old female who sustained a work related injury September 9, 2014, in an automobile accident with injury to the chest, left knee, and cervical spine. According to comprehensive follow-up orthopedic examination, dated March 10, 2015, the injured worker presented with neck pain, worse with movement and described as constant and aching. She has neck stiffness, swelling, decreased range of motion, and spasms with increased frequency of numbness and tingling to the bilateral upper extremities, all digits. The left knee examination reveals mild tenderness and swelling over the medial and lateral joint lines. Diagnoses are documented as knee pain; cervicalgia; injury costal cartilage. Treatment plan included physical therapy, referral to pulmonologist and neurology, apply heat to affected area, and medication. At issue, is the request for Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Topical licocaine (Lidoderm) is recommended for neuropathic pain after there has been evidence of a trial of first line therapy with tricyclic, SNRI, or an AED such as gabapentin or Lyrica. Lidocaine is not recommended for non-neuropathic pain. According to the Chronic Pain Guidelines, further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case, a diagnosis of neuropathic pain has not been established and there is a lack of objective evidence suggesting it. Furthermore, there has not been a trial of a first line therapy. This request is not medically necessary.