

Case Number:	CM15-0088644		
Date Assigned:	05/12/2015	Date of Injury:	12/01/2004
Decision Date:	06/19/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/08/2015

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 injured worker is a 50 year old male who sustained an industrial injury on December 1, 2004. He has reported injury to the right shoulder, right arm, low back, bilateral lower extremities, and both hands and has been diagnosed with low back pain, history of lumbar spine surgery, failed back syndrome, bilateral lumbar radiculitis, bilateral moralgia paresthetica, improved in the left after injection, neck pain, cervical degenerative disc disease, cervical spondylosis, chronic right C5 to C6 radiculopathy, right shoulder pain, labral tear, right shoulder, right rotator cuff syndrome, right lateral epicondylitis, and bilateral carpal tunnel syndrome, status post bilateral carpal tunnel releases. Treatment has included injections, medications, and surgery. Musculoskeletal examination showed tenderness over the right lateral epicondyle and right common extensor tendon. There was limited active range of motion of both shoulders. There was tenderness over the right lower lumbar paraspinal muscles and tenderness and tightness over the upper trapezius muscles and cervical paraspinal muscles. He had limited active range of motion of the cervical spine. The treatment request included 5 percent patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine) 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 5% #60 is not medically necessary.