

Case Number:	CM15-0088649		
Date Assigned:	05/12/2015	Date of Injury:	03/25/2011
Decision Date:	06/18/2015	UR Denial Date:	04/29/2015
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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 54 year old female, who sustained an industrial injury on 3/25/2011. She reported injury when her chair rolled from under her and she fell. The injured worker was diagnosed as status post right shoulder arthroscopy, neck pain, right shoulder pain, lumbar radiculitis and low back pain. Treatment to date has included surgery, therapy and medication management. In a progress note dated 4/8/2015, the injured worker complains of neck pain and left low back pain. Pain is rated 8/10 without medications and 5/10 with medications. Medications include Norco, Robaxin and Biofreeze topical. The treating physician is requesting Lidoderm patch 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch); Topical Analgesics Page(s): 56; 57, 111-113.

Decision rationale: The injured worker sustained a work related injury on 3/25/2011. The medical records provided indicate the diagnosis of status post right shoulder arthroscopy, neck pain, right shoulder pain, lumbar radiculitis and low back pain. Treatments have included surgery, therapy and medication management. The medical records provided for review do not indicate a medical necessity for Lidoderm patch 5% #30. The topical analgesics are largely experimental drugs primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidoderm patch is a topical analgesic containing 5% lidocaine. The MTUS states that (Lidoderm) only FDA approved for post-herpetic neuralgia, and that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The medical records do not indicate the injured worker has been diagnosed of post-herpetic neuralgia. Therefore the request is not medically necessary.