MAXIMUS Federal Services

Case Number:	CM14-0146825		
Date Assigned:	09/12/2014	Date of Injury:	08/30/2011
Decision Date:	10/27/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 61 year old male with an injury date of 8/30/11. No PR2 was submitted with treatment request. However, based on the 4/24/14 report by [redacted]., this patient "reports ongoing acupuncture is helping in pain level at the right thumb" and there is some "intermittent pain in the right knee esp. with standing." Functional change since last examination noted by [redacted] is "No Change." Work status as of 5/20/14: "Return to Modified Duties"with restrictions.Diagnoses for this patient are as follows:1. R DQTSV2. R Thumb DJD CMC 3. Right knee CM R/O ID4. L/S S/S The utilization review being challenged is dated 8/12/14. The request is for Lidoderm Patch 5%, 1 Box, With 1 Refill. The requesting provider is [redacted] and he has provided various progress reports from 11/16/13 to 4/24/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5%, 1 Box, with 1 Refill: Upheld

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

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

Decision rationale: This patient presents with some intermittent pain in the right knee and thumb. The treater requests Lidoderm Patch 5%, 1 Box With 1 Refill. According to MTUS guidelines, Lidocaine is indicated in the use of neuropathic pain that is peripheral and localized after failure of first-line therapy with other medications. In this case, the patient does not present with neuropathic pain, but rather knee and thumb pain. Five progress reports indicate Lidoderm Patch as current medications for this patient: 12/26/13, 2/20/14, 3/26/14, 4/24/14, and 5/20/14. There is no documentation of other first-line trial therapy medications such as gabapentin or Lyrica. Furthermore, there is no documentation of the area for treatment, indications of short-term use with outcome documented for pain and function. The patient does not present with the indication for which Lidoderm can be used. Recommendation is for denial.