

<b>Case Number:</b>	CM14-0147123		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	12/21/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2014

### 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 Occupational Medicine and is licensed to practice in Texas. 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 injured worker is a 60 year old man involved in a work related injury from 11/30/11. The injured worker has had some hip pathology which has led to degenerative joint disease. The injured worker is apparently going to have joint replacement surgery.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine pad 5%:** Overturned

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

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

**Decision rationale:** The injured worker has ongoing hip pain. He has degenerative joint disease. Notes indicate the worker has medical issues precluding ongoing use of non steroidal anti inflammatory drugs. The worker has joint pain, and apparently is going to have joint replacement. There are multiple treatments for his condition, including Flector patches. The request is made for Lidoderm, noting that the injured worker derives benefit with this and he is able to work. Given his unusual circumstances, the worker is an outlier to guidelines and the use of this drug is appropriate. The request for Lidocaine pad is medically necessary.

