

Case Number:	CM15-0012119		
Date Assigned:	01/29/2015	Date of Injury:	05/31/2010
Decision Date:	03/25/2015	UR Denial Date:	01/02/2015
Priority:	Standard	Application Received:	01/21/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female patient, who sustained an industrial injury on 05/31/2010. A primary treating office visit dated 12/29/2014 reported chief complaints of psychalgia, displacement of cervical intervertebral disc without myopathy, fibromyositis and degeneration of cervical intervertebral disc. She takes the following medications; Ibuprophen, and lidoderm patch. She is found with forward flexed body posture. On 01/02/2015 Utilization Review non-certified the request for Lidoderm 5 % patch, noting the official Disability Guidelines was cited. The injured worker submitted an application for independent medical review of services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The patient presents with complaints of psychalgia, displacement of cervical intervertebral disc without myopathy, fibromyositis and degeneration of cervical intervertebral disc. The current request is for Lidoderm patches 5%, #90. The treating physician states on 12/29/14 (20D) that the patient continues to use Lidoderm patches as needed for topical use on the neck. No adverse effect. Patient notes that the patches decrease her pain by 50% and allow her to sleep and continue her HEP. Also, helps her recover from exercise. Patient did not fill previous prescription as she had patches remaining. However, patient needs new prescription and thus this was provided today. MTUS guidelines state, "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 or Lyrica)." MTUS guidelines further state that Lidoderm patches may be recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed. The treating physician in this case has no documentation of a trial of first-line therapy nor neuropathic pain. Therefore, the current request is not medically necessary and the recommendation is for denial.