

Case Number:	CM15-0017595		
Date Assigned:	02/05/2015	Date of Injury:	12/15/2001
Decision Date:	03/30/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/29/2015

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: Georgia, California, Texas

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:

This 43 year old male sustained an industrial injury on 12/15/01, with subsequent ongoing pain to the cervical spine, lumbar spine, bilateral shoulders, bilateral hands and wrists, bilateral knees, bilateral hips and left ankle. Treatment included medications, stretching, ice packs, hot packs, exercise. On 11/23/14, the injured worker fell after his left knee gave out, sustaining injury to the tailbone, right gluteal area, right lower ribs, the right wrist and back of the head. In a PR-2 dated 12/15/14, the injured worker complained of left knee pain that was somewhat more intense than previous visits as well as persistent and unchanged complaints of headache, intermittent neck pain, bilateral shoulder pain, left wrist pain, constant pain and stiffness in the joint of all fingers and thumbs of both hands, constant low back pain and bilateral hip pain. Current diagnoses included severe frequent headaches, status post-surgery to the left ulna distal, inflammatory process of the left wrist, left De Quervain's tenosynovitis, chronic lumbosacral spine strain, status post left ACL repair, left knee osteoarthritis, left hip Poupert's ligament with femoral acetabular impingement, left hip arthritis and multiple contusions. The injured worker was currently working. The injured worker received a vitamin B12 injection. The treatment plan included also included refilling a prescription for Lidocaine patches and discontinuing Naproxen, Omeprazole and Cyclobenzaprine. On 12/29/14, Utilization Review noncertified a request for Lidocaine patches 5%, #30 with 6 refills citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5%, #30 with 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113 of 127.

Decision rationale: MTUS recommends use of Lidoderm patch for treatment of neuropathic pain, but not for treatment of nociceptive pain. No evidence of neuropathic pain is documented in this case. MTUS recommends Lidoderm patch as a second-line treatment following trial of a first line-line medication for neuropathic pain, including an oral antiepilepsy drug such as gabapentin or an antidepressant such as amitriptyline. No previous trial of a first-line agent is documented. Medical necessity is not established for the requested Lidocaine patches based upon the submitted documentation and MTUS recommendations.