

Case Number:	CM15-0017806		
Date Assigned:	02/05/2015	Date of Injury:	03/17/2014
Decision Date:	03/30/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/30/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 44 year old female, who sustained an industrial injury on March 17, 2014. She has reported injury to her neck and upper extremities. The diagnoses have included sprain of neck, brachial neuritis and disc displacement. Treatment to date has included diagnostic studies, medications, physical therapy, rest and acupuncture. Currently, the injured worker complains of severe neck pain radiating into the shoulder. She described the intensity of the pain as a 10 on a 1-10 pain scale. The pain gets worse with prolonged sitting and activity. The pain interferes with her daily activity and sleep. Medication and rest provide relief. She reported physical therapy and acupuncture provided minimal relief of her pain. On January 16, 2015, Utilization Review non-certified a Lidocaine Patch 5%, noting the CA MTUS Guidelines. On January 30, 2015, the injured worker submitted an application for Independent Medical Review for review of Lidocaine Patch 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5%: Upheld

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

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

Decision rationale: According to MTUS guidelines, <<Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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>>. In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidoderm patches 5% is not medically necessary.