

Case Number:	CM15-0112532		
Date Assigned:	06/19/2015	Date of Injury:	05/28/2003
Decision Date:	07/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/11/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 65 year old female, who sustained an industrial injury on 05/28/2003. The injured worker is currently retired. The injured worker is currently diagnosed as having chronic neck pain, chronic left shoulder pain, and intermittent mild right wrist pain. Treatment and diagnostics to date has included cervical spine MRI which showed mild disc protrusion at C5-C6, multilevel degenerative joint disease, and a small disc osteophyte complex at C5-C6 and C6-C7, negative electromyography/nerve conduction velocity studies, and medications. In a progress note dated 06/01/2015, the injured worker presented for ongoing evaluation of her neck, bilateral shoulder, and wrist pain and states she continues to do well with her medication regimen. Objective findings were unremarkable. The treating physician reported requesting authorization for Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches Qty:15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding request for topical Lidoderm, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of objective functional improvement as a result of the currently prescribed Lidoderm. Finally, although it does appear that there is radicular pain, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. As such, the currently requested Lidoderm is not medically necessary.