

Case Number:	CM15-0117415		
Date Assigned:	06/25/2015	Date of Injury:	04/14/2010
Decision Date:	07/24/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/18/2015

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, Alabama, 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 53 year old female who reported an industrial injury on 4/14/2010. Her diagnoses, and/or impressions, are noted to include: status-post right shoulder arthroscopy and decompression, excision of distal clavicle and rotator cuff repair; shoulder joint pain; Cervico-brachial syndrome with cervical spondylosis, disc protrusion and foraminal stenosis with left upper extremity radiculopathy; right and left carpal tunnel syndrome, status-post bilateral endoscopic release surgeries; and left elbow epicondylitis, with flare-ups. No current imaging studies were noted. Her treatments were noted to include a platelet-rich plasma injection to the left lateral epicondyle on 12/4/2014; medication management; and rest from work she was noted to be permanently disabled. The progress notes of 5/13/2015 reported complaints of neck and arm pain. Objective findings for this visit were not noted. The physician's requests for treatments were noted to include the continuation of Lidoderm Patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% (700mg/patches refills 2): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine.

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. Therefore, the request for Lidoderm 5% patch with 2 refills is not medically necessary.