

Case Number:	CM15-0122167		
Date Assigned:	07/06/2015	Date of Injury:	02/02/1996
Decision Date:	07/31/2015	UR Denial Date:	06/21/2015
Priority:	Standard	Application Received:	06/24/2015

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 81 year old female patient who sustained an industrial injury on 02/02/1996. At a recent primary treating follow up visit dated 03/19/2015 the patient stated she was in need of obtaining a doctors' note to give to the waste removal company explaining why she is unable to push cans to the curb. The treating diagnosis is: disorder musculoligamentar fasciitis. Current medications are: Lidoderm patch %5, Ketoprofen cream. The patient is permanent and stationary. The following visit dated 06/03/2015 reported the patient needing refills for Lidoderm patches. Objective assessment is unchanged. Pain in the shoulder joint was added to the treating diagnoses. There is recommendation for the patient to participate in a functional restoration program to attempt treating the biceps pain. On 02/09/2011 the patient underwent a right shoulder radiography study that showed severe degenerative changes of the right shoulder primarily involving the glenohumeral joint space; fusion of the AC joint.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% (unspecified Qty, frequency): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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 Endo Pharmaceuticals. 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 is not medically necessary.