

Case Number:	CM15-0126180		
Date Assigned:	07/10/2015	Date of Injury:	03/31/2009
Decision Date:	08/06/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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, 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 58 year old male, who sustained an industrial injury on 3/31/2009. The medical records submitted for this review did not include documentation regarding the initial injury or prior treatments to date. Diagnoses include cervical discopathy, bilateral carpal tunnel syndrome, left shoulder impingement, status post right shoulder arthroscopy, lumbar fusion and hardware removal, bilateral knee internal derangement, status post right knee arthroscopy, bilateral plantar fasciitis, ankle internal derangement status post left ankle and foot surgery. Currently, he complained of chronic pain in the neck, low back bilateral knees, bilateral shoulders, and bilateral feet and ankles. On 4/24/15, the physical examination documented areas of tenderness, decreased range of motion, and decreased sensation. The plan of care included Lidocaine patch/Hyaluronic acid 6%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch/Hyaluronic acid 6%: Upheld

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

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 █████ 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 Lidocaine patch is unclear. Therefore, the request for Lidocaine patch/Hyaluronic acid 6% is not medically necessary.