

Case Number:	CM15-0072999		
Date Assigned:	04/23/2015	Date of Injury:	10/08/2007
Decision Date:	05/20/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 57 year old female with an industrial injury dated October 8, 2007. The injured worker diagnoses include shoulder joint pain, lower leg joint pain, cervical disc displacement without myelopathy and lumbar disc displacement without myelopathy. She has been treated with Magnetic Resonance Imaging (MRI) of the lumbar and cervical spine, prescribed medications, cervical epidural steroid injection (ESI) and periodic follow up visits. According to the progress note dated 3/25/2015, the injured worker reported chronic neck pain and low back pain. The injured worker reported that her medications including Lidoderm patch offer significant relief and allow her to continue to manage her neck and low back pain. Objective findings revealed antalgic gait. The treating physician prescribed topical Lidoderm 5% (700mg/patch) dispensed on 03/25/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidoderm 5% (700mg); one to two patches 12 hours on 12 hours off; one refill dispensed on 03/25/2015 qty: 60 refills: 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 57 year old female has complained of neck pain and lower back pain since date of injury 10/8/07. She has been treated with epidural steroid injection, physical therapy and medications. The current request is for Topical Lidoderm 5%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Topical Lidoderm is not medically necessary.