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| Case Number: | CM15-0079283 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 06/21/2012 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/22/2015 |
| Priority: | Standard | Application Received: | 04/24/2015 |

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48 year old male, who sustained an industrial injury on 6/21/2012. The mechanism of injury was not noted. The injured worker was diagnosed as having displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included conservative measures. A consultation note, dated 11/18/2014, noted positive electromyogram for lumbosacral radiculopathy, with the use of Lidoderm patches for his low back. A physical exam of the lumbar spine was not noted. Currently (3/26/2015), the injured worker complains of right shoulder pain with painful movement. Magnetic resonance imaging of the right shoulder was referenced. He was noted to take Celebex, which was helpful, and the use of Lidocaine patch was not described. Examination of the lumbar spine or lower extremities was not noted. A request for Lidocaine patches was noted, along with surgical referral (out of area for right shoulder).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics/Lidoderm Page(s): 112.

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.