

Case Number:	CM15-0079313		
Date Assigned:	04/30/2015	Date of Injury:	11/20/2013
Decision Date:	05/29/2015	UR Denial Date:	03/27/2015
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: 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 70 year old male who sustained an industrial injury on 02/27/15. Initial complaints and diagnoses are not available. Treatments to date include medications and physical therapy. Diagnostic studies include MRIs. Current complaints include right elbow, left shoulder, and back pain. Current diagnoses include pain in the joint involving shoulder, and rotator cuff sprain. In a progress note dated 02/27/15 the treating provider reports the plan of care as medications including Voltaren gel, gabapentin, and Lidoderm, as well as physical therapy, TENS unit, and a left shoulder injection. The requested treatment is Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lidocaine Pads 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 111-114.

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 or that he did not respond to first line therapy and the need for Lidocaine pads is unclear. There is no documentation of efficacy of previous use of Lidoderm patches. Therefore, the prescription of 30 Lidocaine Pads 5% is not medically necessary.