MAXIMUS Federal Services

Case Number:	CM15-0090637		
Date Assigned:	05/14/2015	Date of Injury:	04/16/2013
Decision Date:	06/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/11/2015

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 37 year old he, who sustained an industrial injury on 4/16/13. He reported a back and neck injury. The injured worker was diagnosed as having cervical sprain/strain, lumbar sprain/strain and myofascial pain. Treatment to date has included oral medications including opioids, TENS unit, activity restrictions, topical medications and home exercise program. (MRI) magnetic resonance imaging of cervical spine was performed on 4/13/15 and revealed C3-4, C4-5 and C5-6 mild disc degeneration with circumferential 1mm bulges, mild to moderate bilateral uncovertebral hypertrophy and foraminal narrowing. Currently, the injured worker complains of low back pain radiating to right ankle with associated numbness and tingling rated 3/10 and will improve to 0/10 with medications and rest; he also complains of neck pain with radiation to right upper extremity with associated tingling of right hand, rated 8/10 and improve to 0/10 with medications and TENS unit. Physical exam noted tenderness on palpation of lumbar spine with spasms. A request for authorization was submitted for physical therapy, Norco and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #30 with 3 refills: 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 Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [redacted]. 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 is unclear. There is no documentation of efficacy of previous use of Lidoderm. Therefore, the prescription of Lidoderm patches #30 with 3 refills is not medically necessary.