

Case Number:	CM15-0098746		
Date Assigned:	06/01/2015	Date of Injury:	11/01/1998
Decision Date:	07/07/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/21/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management, Occupational 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 34 year old female, who sustained an industrial injury on 11/1/98. The injured worker has complaints of low back pain and right knee discomfort. The documentation noted the lumbosacral spine has bilateral paraspinal muscle spasms and tenderness to palpation. The injured worker has positive straight leg raise on the right at 40 degrees causing pain radiating down the right leg in a vague non-dermatomal distribution. The right knee has obvious visible swelling and effusion. The diagnoses have included lumbosacral myofascial strain; right lower extremity radiculopathy, improving; bilateral lateral femoral cutaneous neuropraxia, improving and right knee patellofemoral chondromalacia. Treatment to date has included physical therapy; lidoderm patches and flector patches. The request was for 30 lidoderm patches and 5 boxes of flector patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Lidoderm patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: MTUS 2009 states that lidoderm patches are an option to treat peripheral neuropathic pain such as painful diabetic neuropathy or post-herpetic neuralgia. The patient is diagnosed with neither of these disorders. The clinical reports do not identify any specific indication for the patches or where they are applied. Furthermore, there is no evidence of any significant benefit from the Lidoderm patches in the medical records. Lidoderm patches are not medically necessary.

5 boxes of Flector patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: MTUS 2009 states that topical NSAIDS have been shown to be effective in the short term with no evidence of ongoing benefit. It only recommends short term use of topical NSAIDS. This request exceeds MTUS 2009 guidelines and there is no demonstration of meaningful benefit from its based upon the severity of pain complaints described in the medical record. Flector patches are not medically necessary in this case.