

Case Number:	CM15-0099224		
Date Assigned:	06/01/2015	Date of Injury:	05/03/2013
Decision Date:	06/30/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/22/2015

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 60 year old female, who sustained an industrial injury on 5/03/2013. She reported acute right knee pain following a fall and subsequently developing pain in the low back and bilateral upper extremities. Diagnoses include left elbow strain/sprain, lumbosacral sprain/strain, and internal derangement right knee status post right knee arthroscopy. Treatments to date include medication management, physical therapy, acupuncture treatments. Currently, she complained of pain in the low back rated 9/10 VAS without medication and 4/10 VAS with medication. On 4/13/15, the physical examination documented tenderness over the lumbar region with muscle spasms present. Range of motion in the lumbar spine was limited. There were positive straight leg raising tests bilaterally. The treating diagnoses included lumbar facet arthropathy, myofascial pain syndrome, muscle spasms and chronic pain syndrome. The plan of care included Lidocaine Patches 5%, apply three patches to painful areas daily, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches 5% #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain.

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 [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 Lidocaine patch is unclear. Therefore, the request for Lidocaine patches 5% #90 is not medically necessary.