

Case Number:	CM14-0101551		
Date Assigned:	09/16/2014	Date of Injury:	03/22/2013
Decision Date:	11/19/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 43-year-old male who sustained an injury on March 22, 2013. He is diagnosed with (a) rupture of quadriceps tendon and (b) chronic pain syndrome. He was seen for an evaluation on May 22, 2014. He complained of right thigh pain. Examination revealed antalgic gait favoring the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5 percent 700mg/patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 112.

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

Decision rationale: The request for lidocaine 5% 700/patch #30 is not medically necessary at this time. Medical records failed to establish the necessity of this medication. More so, topical formulation of this medication is indication primarily for neuropathic pain, which the injured worker has not manifested based on the reviewed medical records. Hence, the request for lidocaine 5% 700/patch #30 is not medically necessary at this time.