

Case Number:	CM14-0148577		
Date Assigned:	09/18/2014	Date of Injury:	12/03/2013
Decision Date:	10/22/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 35-year-old male who reported an injury on 12/03/2013. The mechanism of injury was not submitted for clinical review. The diagnoses included head injury, open wound of the scalp, cellulitis, post-concussion syndrome. The previous treatments include medication. The diagnostic testing included a CT. Within the clinical note dated 07/18/2014, it was reported the injured worker complained of a head injury and laceration located on his head. He described it as a headache, pins and needles sensation. He rated his pain 7/10 in severity. Upon the physical examination the provider noted the injured worker had no signs of discomfort while at rest, other than occasional complaints of headaches, no other neurological localizing signs. The provider indicated the laceration of the right parietal scalp is well healed. The provider requested lidocaine pad. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #90: 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 Topical NSAIDs Page(s): 111-112.

Decision rationale: The request for lidocaine pad 5% #90 is not medically necessary. The California MTUS Guidelines note topical NSAIDs are recommended for osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. Lidocaine in the formulation of a dermal patch, Lidoderm has been designated for orphan status by the FDA. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Additionally, the request submitted failed to provide a treatment site. Therefore, the request is not medically necessary.