

Case Number:	CM13-0016595		
Date Assigned:	11/06/2013	Date of Injury:	10/02/2002
Decision Date:	05/20/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/26/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of October 2, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; trigger point injection therapy; psychotropic medications; adjuvant medications; epidural steroid injection therapy; and unspecified amounts of acupuncture, massage therapy, and physical therapy over the life of the claim. In a Utilization Review report of August 12, 2013, the claims administrator denied a request for topical Lidoderm patches. The applicant's attorney subsequently appealed. In a November 30, 2012 progress note, the applicant was described as using a variety of psychotropic medications, for depression, pain, and anxiety, including Cymbalta, Wellbutrin, Neurontin, Abilify, and Lamictal. Dexilant was being employed for GERD. An April 2, 2013 progress note was again notable for comments that the applicant was using a variety of analgesic and adjuvant medications, including Cymbalta, Lamictal, Wellbutrin, Abilify, Celebrex, and tramadol. On April 19, 2013, the applicant was using Percocet, Neurontin, Wellbutrin, Cymbalta, and Abilify, all of which were apparently being prescribed by numerous providers in numerous specialties.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTIONS OF LIDODERM PATCH 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, Topical Analgesics. Page(s): 56-57,111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral pain (aka neuropathic pain) in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant is reportedly using a variety of adjuvant medications, including Neurontin, Cymbalta, Wellbutrin, etc., without any reported difficulty, impediment, and/or impairment, effectively obviating the need for the proposed topical Lidoderm patches. Accordingly, the request is not medically necessary and appropriate.