MAXIMUS Federal Services

Case Number:	CM13-0025276		
Date Assigned:	10/11/2013	Date of Injury:	12/31/2004
Decision Date:	01/30/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 low back pain, bilateral knee pain, depression, anxiety, myalgias, and myositis of various body parts reportedly associated with an industrial injury of December 31, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; prior lumbar fusion surgery; prior bilateral total knee arthroplasties; psychotropic medications; and extensive periods of time off of work. In a utilization review report of September 9, 2013, the claims administrator denied a request for topical Lidoderm patches. The applicant's attorney later appealed. An earlier pain management progress note of July 5, 2013 is notable for comments that the applicant reports persistent low back pain radiating to the legs and neck pain radiating to the right arm. The applicant's pain is scored at 9/10 with medications and 10/10 without medications. She is using a TENS unit. She is seeing a psychiatrist. She states that her activities of daily living are limited in numerous areas. She is given refills of Flexeril, Zofran, Lidoderm, Norco, and MS Contin. A later note of August 2, 2013 is notable for comments that the applicant is still using a TENS unit. It is stated in one section of the report that the applicant's prior usage of Lidoderm patches was helpful but then stated in another section of the report that the applicant's pain level is 8/10 with medications and 8/10 without medications. Many medications are again refilled, including morphine, Zofran, Flexeril, Lidoderm, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches for the lumbar spine, unknown quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm patches are, at best, tepidly recommended for localized peripheral pain/neuropathic pain after there has been evidence of a trial of first-line antidepressants and/or anticonvulsants. In this case, there is no evidence that the applicant has previously tried and/or failed antidepressants and/or anticonvulsants. Furthermore, the applicant has used Lidoderm at various points in time and has failed to derive any lasting benefit or functional improvement through prior usage of the same. The most recent progress note states that the applicant's pain levels are the same while on medications as opposed to without medications. The applicant has failed to return to work. There is no evidence of diminished reliance on medical treatment, either. Therefore, the request is not certified both on the grounds that the applicant has not had any trials of first-line antidepressants and/or anticonvulsants and on the grounds that the applicant has failed to effect any functional improvement through prior usage of topical Lidoderm.