

Case Number:	CM13-0027237		
Date Assigned:	11/22/2013	Date of Injury:	10/25/2012
Decision Date:	02/05/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/20/2013

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.

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 filed a claim for chronic neck pain, shoulder pain, and low back pain reportedly associated with an industrial injury of October 25, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy and chiropractic manipulative therapy; topical agents; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of September 9, 2013, the claims administrator denied a request for topical Lidoderm patches, citing a non-MTUS ODG guideline despite the fact that the MTUS addresses the topic. A later note of November 27, 2013 is sparse. The applicant is reportedly unchanged. A 6/10 pain is noted. It is stated the applicant has no side effects with ibuprofen. Decreased lumbar and cervical range of motion are noted with associated tenderness noted. Additional chiropractic treatment and Lidoderm patches are endorsed. Permanent work restrictions are renewed. It does not appear that the applicant has returned to work with said permanent limitations in place. In an applicant questionnaire of November 8, 2013, the applicant states that many activities of daily living, including cleaning, yard work, cooking, and cleaning have been limited despite usage of medications. The applicant states that she is not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

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

Decision rationale: As noted on page 112, the MTUS Chronic Pain Medical Treatment guidelines, Lidoderm patches are recommended for localized peripheral pain or neuropathic pain after there has been evidence of a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there is no evidence that antidepressants and/or anticonvulsants were previously tried. It is noted, moreover, that the applicant has been using Lidoderm for some time and has failed to affect any lasting benefit or functional improvement through prior usage of the same. As noted in her own questionnaire of November 8, 2013, the applicant acknowledges that she has failed to return to work. She is still having difficulty performing various activities of daily living, outside of work, she notes. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite prior usage of Lidoderm patches. Therefore, the request is not certified.