

Case Number:	CM13-0029694		
Date Assigned:	11/01/2013	Date of Injury:	04/26/2013
Decision Date:	03/12/2014	UR Denial Date:	09/04/2013
Priority:	Standard	Application Received:	09/27/2013

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 least at 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 and neck pain reportedly associated with an industrial injury of April 26, 2003. 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; multiple epidural steroid injections; and the apparent imposition of permanent work restrictions. It does not appear that the applicant has returned to work with said permanent work restrictions. An earlier progress note of May 30, 2013 is notable for comments that the applicant is using tramadol, Flexeril, and Motrin. Persistent low back pain and stiffness are noted. It is stated that the Lidoderm patches are being employed for neuropathic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Lidoderm patches with three refills: Upheld

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

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

Decision rationale: As noted on the page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm patches are indicated for localized peripheral pain or neuropathic pain in those individuals in whom a trial of first-line antidepressants and/or anticonvulsants has failed. In this case, however, there is no evidence that the applicant has tried and/or failed antidepressants and/or anticonvulsants for neuropathic pain. Therefore, the request for topical Lidoderm patches is not certified.