

Case Number:	CM13-0030989		
Date Assigned:	12/04/2013	Date of Injury:	07/15/1998
Decision Date:	01/15/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	10/02/2013

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 Preventative medicine and 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 and neck pain reportedly associated with a trip and fall industrial injury of July 15, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; topical analgesics; transfer of care to and from various providers in various specialties; unspecified number of epidural steroid injections; trigger point injection therapy; a TENS unit; unspecified amounts of massage therapy, acupuncture, and physical therapy; and extensive periods of time off of work. In a utilization review report of August 28, 2013, the claims administrator certified the request for Mobic, denied a request for Lidoderm, and certified a followup orthopedic visit. An earlier note of July 31, 2013 is notable for comments that the applicant reports persistent neck pain radiating to the neck. The applicant also has headaches. The applicant is diagnosed with neck pain and discogenic disease with intermittent sciatica. The applicant is asked to employ Mobic and Lidoderm for pain relief. Permanent work restrictions are again endorsed. Multiple other notes interspersed throughout 2012 and 2013 are reviewed, including those dated September 12, 2012, January 25, 2013, and April 19, 2013. It did not appear that the applicant had returned to work as of any of those dates, nor was there any mention that the applicant had used antidepressants and/or anticonvulsants on any of those dates, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm %5 patches (Rx 7/31/13): Upheld

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

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 lidocaine or Lidoderm is indicated for localized peripheral pain/neuropathic pain in those individuals who have tried and failed first line antidepressants and/or anticonvulsants for neuropathic pain. In this case, while there is some evidence that the applicant has neuropathic pain with evidence of low back pain radiating to the legs, there is no indication or evidence that the applicant tried and/or failed first line antidepressants and/or anticonvulsants before Lidoderm patches were considered. It is further noted that the applicant has used Lidoderm patches chronically and failed to effect any lasting benefit or functional improvement as defined in MTUS 9792.20f through prior usage of the same. The applicant has failed to return to work. The applicant's work status and work restrictions are unchanged from visit to visit. The applicant remains reliant on various forms of treatment, including epidurals, multiple analgesic medications, multiple adjuvant medications, etc. All of the above, taken together, imply a lack of functional improvement through prior usage of Lidoderm patches. Therefore, the original utilization review decision is upheld. The request remains non-certified, on independent medical review.