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| Case Number: | CM13-0042701 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 05/30/1996 |
| Decision Date: | 04/30/2014 | UR Denial Date: | 10/04/2013 |
| Priority: | Standard | Application Received: | 10/30/2013 |

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 represented [REDACTED] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of May 30, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; a cane; epidural steroid injection therapy; and topical agents. In a clinical progress note of March 14, 2014, it is acknowledged that the applicant is using a variety of oral pharmaceuticals for chronic low back pain, including Neurontin, Lidoderm, Naprosyn, Pennsaid, Protonix, Norco, and Soma. The applicant has been deemed "permanently disabled," it is stated and last worked in 1998, it is further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCHES 5%, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine, page(s) 112. Page(s): 112.. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physicians' Desk Reference, WWW.RxList.com, Official Disability Guidelines Workers Compensation Drug Formulary, Epocrates Online, Monthly Prescribing Reference, Opioid Dose Calculator, AMDD Agency Med

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm patches are indicated for localized peripheral pain or 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 described as using a first-line anticonvulsant, gabapentin, without any reported difficulty, impediment, and/or impairment, effectively obviating the need for Lidoderm patches. Accordingly, the request remains not certified, on Independent Medical Review.