

Case Number:	CM13-0056672		
Date Assigned:	01/22/2014	Date of Injury:	11/03/2003
Decision Date:	07/02/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/22/2013

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 a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 3, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents, psychological counseling; and transfer of care to and from various providers in various specialties. In an earlier note of April 9, 2013, the applicant was described as having a full complement of symptoms associated with major depressive disorder (MDD). It was stated that the applicant should begin antidepressant therapy with an SSRI. On August 20, 2013, the applicant was described as using Prozac, an SSRI medication. On December 29, 2008, the applicant was apparently using both Neurontin and Cymbalta, adjuvant medications. It appears that the applicant first tried Lidoderm patches on September 2, 2009. The applicant was using capsaicin and several other topical compounds since that point in time addition to Cymbalta. On May 8, 2013, the applicant stated that he did not like taking oral medications and therefore preferred to use topical compounds and patches. The applicant was described as permanent and stationary. The applicant was also in the process of pursuing lumbar facet injection therapy. The applicant did not appear to be working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% #60 WITH 6 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section.2. MTUS 3. MTUS 9792.20F. Page(s): 112, 7.

Decision rationale: While page 112 of the MTUS Chronic Pain Guidelines does support provision of topical Lidoderm in the treatment of 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 has been using Lidoderm patches for an extensive amount of time since 2009. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, it is incumbent upon the prescribing provider to discuss medication efficacy and use medication efficacy to guide us towards the recommendations. In this case, however, the applicant has seemingly failed to affect any lasting benefit or functional improvement despite ongoing usage of Lidoderm patches. The applicant is off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant remains highly reliant on numerous other forms of medical treatment, including injection therapy, topical compounds, adjuvant medications, etc. Ongoing use of Lidoderm patch does not generate any functional improvement in terms of the measures established in the MTUS 9792.20F. Therefore, the request is not medically necessary.