MAXIMUS Federal Services

Case Number:	CM14-0012345		
Date Assigned:	02/21/2014	Date of Injury:	07/26/2006
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 patient is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with industrial injury of March 26, 2006. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; topical medications; muscle relaxants; unspecified amounts of physical therapy; prior shoulder surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated January 16, 2014, the claims administrator denied a request for topical Lidoderm patches, citing pages 56 and 57 of the MTUS Chronic Pain Medical Treatment Guidelines. The patient's attorney subsequently appealed. In a December 6, 2012 progress note, the patient was described as using a variety of agents, including tizanidine, Tylenol No. 3, and Lidoderm patches. The patient's work status was not detailed on that occasion. In a January 2, 2014 progress note, the patient was apparently given a Toradol injection. Physical therapy was endorsed. Tylenol No. 3, tizanidine, Celexa, and Ambien were all prescribed. The patient's work status and functional status were again not detailed. It was not stated whether or not the patient was working. Operating diagnoses included cervical radiculopathy, myalgia, myositis, depression, carpal tunnel syndrome, right shoulder pain, insomnia, and bilateral carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5 PERCENT, 1 PATCH 12 HRS ON 12 HRS OFF #30: Upheld

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

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in patients in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there has been no evidence of a trial of antidepressants and/or anticonvulsants here. There is no mention of antidepressants and/or anticonvulsants having been attempted for neuropathic pain and/or failed. Therefore, the proposed Lidoderm patches are not medically necessary.