

Case Number:	CM14-0166617		
Date Assigned:	10/13/2014	Date of Injury:	07/05/2008
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/09/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 5, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical agents; epidural steroid injection therapy; unspecified amounts of physical therapy; unspecified amounts of manipulative therapy; a 6% whole person impairment rating; and extensive periods of time off of work. In a Utilization Review Report dated October 1, 2014, the claims administrator denied a request for lidocaine patch. The text of the report, rationale, and citations were not furnished, however. The claims administrator stated that its decision was based on a September 20, 2014 request for authorization (RFA) form. This did not appear to have been incorporated into the IMR packet, however. The applicant's attorney subsequently appealed. In a historical note dated February 18, 2013, the applicant was given a 6% whole person impairment rating owing to ongoing complaints of low back pain. The applicant had apparently quit her former job. It was stated that the applicant had quit her former work at [REDACTED] and found alternate work elsewhere, as a receptionist. It was stated that the applicant would need Lidoderm patches/lidocaine pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% day supply: 30 QTY: 30 refills: 00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicant's in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, there has been no clearly stated trial of first-line antidepressants and/or anticonvulsant adjuvant medications before selection and/or ongoing use of the lidocaine pads at issue. While it is acknowledged that the September 20, 2014 RFA form on which the article at issue was sought was not incorporated into the IMR packet, the information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.