

Case Number:	CM14-0166726		
Date Assigned:	10/13/2014	Date of Injury:	07/02/2011
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, neck, and shoulder pain reportedly associated with an industrial injury of July 2, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; topical compounds; muscle relaxants; a lumbar support; epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 1, 2014, the claims administrator approved a request for Lyrica, tramadol, and Zanaflex while denying a request for Lidoderm patches. The applicant's attorney subsequently appealed. In a progress note dated April 10, 2014, the applicant reported highly variable 5 to 9/10 multifocal neck and back pain complaints. It was stated that gabapentin was helping to diminish the applicant's neuropathic pain symptoms. The applicant's medication list included gabapentin, Lidoderm, albuterol, Tenormin, Dulera, hydrochlorothiazide, potassium, Allegra, losartan, Naprosyn, Prilosec, Norflex, Terocin, Tizanidine, and Tramadol. The applicant was asked to try Percocet, continue Tizanidine, and continue Lidoderm patches while remaining off of work. The applicant was not working with permanent limitations imposed by medical-legal evaluator, it was acknowledged. On May 8, 2014, the applicant was described with a BMI of 39. Ongoing complaints of neck and low back pain were noted. Shoulder corticosteroid injection therapy was sought. The applicant was given prescriptions for Percocet, tramadol, Neurontin, Zanaflex, and topical Lidoderm patches. The applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% 700 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

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/Lidoderm is indicated in the treatment of localized peripheral pain/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's ongoing usage of Gabapentin, an anticonvulsant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.