

Case Number:	CM14-0171051		
Date Assigned:	10/23/2014	Date of Injury:	03/01/2001
Decision Date:	11/21/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	10/15/2014

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 Geriatrics and is licensed to practice in New York. 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 injured worker is a 60 years old woman with a date of injury of 3/1/01. She was seen by her provider on 8/21/14 with complaints of bilateral lower extremity pain that begins at the right buttocks and radiates to the L4 distribution in the left leg. She had tapered her gabapentin to off and desipramine from 20mg to off due to question of GI symptoms and she had worsening of her pain. She was using Lidoderm patches and did have some skin irritation. Her exam showed an intact gait pattern and that she easily transitioned from sit to stand. She had intact sensation and strength from L3-S1 with symmetric deep tendon reflexes. At issue in this review is the request for refills of medications Lidoderm patch and desipramine. Length of prior therapy is not documented in the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Desipramine 20MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 14.

Decision rationale: Tricyclic antidepressants can be used as a first-line option, especially if pain is accompanied by insomnia, anxiety, or depression. This injured worker has no history of depression and appears to be using desipramine for pain. However her exam does not document any evidence of neuropathic pain. The request is not medically necessary.

Lidoderm Patches: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57 and 112.

Decision rationale: Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. This injured worker has chronic lower extremity pain. Lidoderm is FDA approved only for post-herpetic neuralgia and she does not have this diagnosis. The request is not medically necessary.