

Case Number:	CM14-0181708		
Date Assigned:	11/06/2014	Date of Injury:	01/08/2010
Decision Date:	12/15/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	10/31/2014

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 January 8, 2010. Thus far, the applicant has been treated with analgesic medications; earlier lumbar discectomy surgery in January 2012; adjuvant medications; opioid agents; and unspecified amounts of physical therapy over the course of the claim. In a utilization review report dated October 27, 2014, the claims administrator denied a request for topical Lidoderm patches. The applicant's attorney subsequently appealed. In an April 12, 2014, progress note, the applicant reported ongoing complaints of low back pain radiating to the left leg, 6/10 to 7/10. Epidural steroid injections had provided only fleeting pain relief, the attending provider noted. The applicant was using Norco, Lidoderm, Motrin, and Flexeril, it was acknowledged. Multiple medications were refilled, including Flexeril, Neurontin, Prilosec, and Ultram. Facet injections were sought. In a neurosurgery note dated June 12, 2014, it was stated that the applicant had evidence of large, recurrent disc herniations, but was not interested in further lumbar spine surgery. The applicant was using Norco, Neurontin 600 mg twice daily, Ultram, Flexeril, and Temazepam. In an April 25, 2014, progress note; the applicant again reported ongoing complaints of low back pain, severe, ranging from 4/10 to 9/10. The applicant was using Norco, Lidoderm, Motrin, Flexeril, Neurontin, Prilosec, and Tramadol, it was acknowledged. Multiple medications were renewed. The attending provider posited that the applicant's medications were beneficial. The applicant's work status, however, was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% Patch: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine 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 applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing, reportedly successful usage of gabapentin, an anticonvulsant and adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.