

Case Number:	CM14-0184872		
Date Assigned:	11/12/2014	Date of Injury:	08/18/2011
Decision Date:	12/19/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/06/2014

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 neck and low back pain reportedly associated with an industrial injury of August 18, 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 agents; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work. In a Utilization Review Report dated October 29, 2014, the claims administrator failed to approve request for Lidoderm patches. The applicant's attorney subsequently appealed. In an April 22, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was given refills of Tylenol No. 3, Naprosyn, Flexeril, and Cymbalta. The applicant was placed off of work, on total temporary disability. The applicant was also using topical Terocin patches, it was incidentally noted. On August 18, 2014, the applicant presented with persistent complaints of neck, upper back, lower back pain, and bilateral shoulder pain. The applicant was using Tylenol No. 3, Cymbalta, and Flexeril for the same, it was acknowledged. Work restrictions were endorsed, although it did not appear that the applicant was working with said limitations in place. On September 2, 2014, the applicant reported persistent complaints of low back pain radiating to the left leg, exacerbated by prolonged sitting and/or standing. The applicant stated in one section of the note that Cymbalta and baclofen were helping her with spasm and to sleep better. The attending provider renewed Tylenol No. 3, baclofen, Colace, and Cymbalta. Lidoderm patches were sought, apparently for the first time. A 15-pound lifting limitation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Pain Patches 1-3 per day #90 with 3 refills: Upheld

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

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 after there has been evidence of a trial of first line therapy with antidepressants and/or anticonvulsants, in this case, however, the applicant, per the treating provider, is reportedly using Cymbalta, an antidepressant adjuvant medication, with reportedly good effect. The attending provider renewed Cymbalta on September 2, 2014, stating that the Cymbalta was ameliorating the applicant's radicular pain complaints and facilitating the applicant's sleeping better at night. The applicant's ongoing, reportedly successful usage of Cymbalta, thus, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.