

Case Number:	CM14-0022983		
Date Assigned:	05/14/2014	Date of Injury:	10/24/2009
Decision Date:	07/10/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/24/2014

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 October 24, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and acupuncture; opioid therapy; Lidoderm patches; and earlier disk replacement surgery on February 5, 2013. In a Utilization Review Report of February 13, 2014, the claims administrator denied a request for Lidoderm patches, citing the MTUS Chronic Pain Medical Treatment Guidelines. The applicant's attorney subsequently appealed. A September 11, 2013 progress note is notable for comments that the applicant was reporting persistent complaints of pain. The applicant was given a prescription for Percocet and placed off of work, on total temporary disability. In a later note of April 20, 2014, the applicant was described as not having worked beyond June 2010. A rather proscriptive 10-pound lifting limitation remained in place. The applicant was asked to pursue additional physical therapy. Percocet and Valium were endorsed. In an earlier note dated March 20, 2014, the applicant was given prescriptions for Percocet, Lidoderm, and cyclobenzaprine. It was stated that the applicant was reporting persistent complaints of low back pain and was working four hours a day. A lumbar support was also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5 PERCENT PATCHES #60: 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 Page(s): 112.

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there is no evidence that the applicant has active radicular complaints. The information on file suggests that the applicant's radicular complaints have abated since the disk replacement surgery. It is further noted that there has been no evidence of a trial of antidepressants and/or anticonvulsants before Lidoderm patches were sought. Therefore, the request is not medically necessary.