

Case Number:	CM14-0023479		
Date Assigned:	05/12/2014	Date of Injury:	12/10/2009
Decision Date:	07/10/2014	UR Denial Date:	02/12/2014
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 claimant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 10, 2009. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; earlier lumbar spine surgery in 2011; a walker; and topical agents. In a Utilization Review Report dated February 12, 2014, the claims administrator apparently denied a request for Lidoderm patches. In a January 24, 2013 progress note, the claimant was placed off of work, on total temporary disability. Topical Terocin and Protonix were endorsed at that point in time. In a clinical progress note of November 7, 2013, again very sparse, providing little or no narrative commentary, the claimant presented with persistent neck and low back pain. The claimant was using a cane to move about. The claimant was placed off of work, on total temporary disability. Terocin and Methoderm gel were endorsed. The claimant was described as using Neurontin on an earlier visit of October 20, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH 5% QUANTITY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57,111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine section Page(s): 112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, topical Lidoderm is indicated in the treatment of localized peripheral 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, the patient's ongoing usage of oral Neurontin, an anticonvulsant adjuvant medication, effectively obviates the need for the proposed topical Lidoderm patches. It is further noted that the attending provider did not furnish any compelling applicant-specific rationale, narrative, or commentary which would offset the unfavorable MTUS recommendation. Therefore, the request for Lidoderm Patch 5%, quantity 90 is not medically necessary and appropriate.