

Case Number:	CM14-0025158		
Date Assigned:	06/11/2014	Date of Injury:	06/15/2004
Decision Date:	07/21/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/27/2014

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 low back, ankle, knee, and shoulder pain reportedly associated with an industrial injury of June 15, 2004. Thus far, the applicant has been treated with the following: Analgesic medications, topical agents; transfer of care to and from various providers in various specialties; and anxiolytic medications. In a Utilization Review Report dated February 19, 2014, the claims administrator denied a request for topical Lidoderm patches, stating that there was no evidence that the applicant had failed antidepressant and/or anticonvulsant therapy. The applicant's attorney subsequently appealed. In a May 7, 2013 progress note, the applicant was described as having persistent complaints of pain about the shoulder with associated psychological stress. The applicant had apparently had recently death in the family. The applicant was on Norco, Lidoderm, and Celebrex, it was stated. Norco and diazepam were refilled. On June 3, 2014, the applicant was again described as having persistent shoulder pain complaints, 6-7/10. The applicant was using Norco six times daily and Lidoderm patches as needed. It was stated that the applicant had apparently had tried Celebrex in the past. The applicant was given diagnoses of lumbar strain, thoracic strain, chronic pain syndrome, and left shoulder pain. The applicant was asked to pursue massage therapy. Norco was refilled. In an earlier note of April 8, 2014, some concerns were expressed about the applicant's potential using alcohol in conjunction with pain medications, as suggested on an earlier urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF LIDODERM 5% PATCHES #30 WITH 5 REFILLS: Upheld

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

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

Decision rationale: As noted on page 112 of MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine or Lidoderm 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's pain is clearly neuropathic in nature, nor is there compelling evidence that the applicant has tried and failed either anticonvulsant or antidepressant medications. Therefore, the request is not medically necessary.