

Case Number:	CM14-0031521		
Date Assigned:	04/09/2014	Date of Injury:	08/21/2010
Decision Date:	05/28/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/05/2014

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 pain syndrome and chronic low back pain reportedly associated with an industrial injury of August 21, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; adjuvant medications; psychotropic medications; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of January 23, 2014, the claims administrator denied a request for topical Lidoderm patches, stating that the applicant could use first-line antidepressants and anticonvulsants. The applicant's attorney and treating provider apparently complained, stating utilization review was contravening the decisions of an agreed medical evaluator and Workers' Compensation judge. A December 4, 2013 progress note was notable for comments that the applicant reported persistent, wrist, low back, bilateral lower extremity and foot pain. The applicant was on Norco, Lidoderm, Voltaren, Cymbalta, Prevacid, and Relafen. The applicant was reportedly off of work and engages in litigation, the attending provider noted. An earlier note of November 13, 2013 was again notable for comments that the applicant was placed off of work on total temporary disability. The applicant's medication list included Norco, Lidoderm, Voltaren, Cymbalta, Prevacid, and Relafen. It was again acknowledged that the applicant was represented and litigated.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM 5% PATCH, 3 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section 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 and/or failure of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant is reportedly using oral Cymbalta, an antidepressant and adjuvant medication for neuropathic pain, to reportedly good effect, effectively obviating the need for the proposed Lidoderm patches. Therefore, the request is not medically necessary.