

Case Number:	CM14-0036141		
Date Assigned:	03/26/2014	Date of Injury:	01/06/1999
Decision Date:	05/20/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	03/25/2014

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, chronic shoulder pain, chronic low back pain, chronic neck pain, psychological distress, anxiety disorder, headaches, gastroesophageal reflux disease (GERD), and irritable bowel syndrome reportedly associated with an industrial injury of January 6, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; psychotropic medications; unspecified amounts of physical therapy; topical agents; left shoulder surgery; and extensive periods of time off of work. In a Utilization Review Report of March 13, 2014, the claims administrator denied a request for Lidoderm patches with two refills. The applicant's attorney subsequently appealed. In a February 27, 2014 progress note, the applicant was described as using a variety of agents and was status post thumb and shoulder surgery. The applicant's wrist and elbow pain had reportedly flared, it was stated. The applicant was on Pristiq, Desyrel, Zodol, Percocet, Valium, and AcipHex. Topical Lidoderm was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDODERM PATCH, THIRTY COUNT WITH TWO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Section and the 9792.20 Medical Treatment Utilization Schedule (MTUS) Definitive.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in the treatment of localized peripheral pain (aka 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 applicant is apparently using antidepressant, Desyrel, as an adjuvant agent. There is no evidence of intolerance to and/or failure of the same. While the attending provider wrote on a note of March 20, 2014 that the applicant had been tried on Effexor and Pristiq, the applicant was described as still using Pristiq, an antidepressant. The applicant was also using Desyrel, another antidepressant, also apparently for neuropathic pain purposes. It was further noted that the request in question did represent a renewal request for Lidoderm patches. While the attending provider has reported that Lidoderm patches have been beneficial in terms of pain relief, there is no clear evidence of functional improvement as defined in MTUS 9792.20f despite ongoing usage of the same. The applicant remained off of work, on total temporary disability. The applicant remained highly reliant on six to seven different analgesic, adjuvant, and psychotropic medications. Finally, it does not appear that the bulk of the applicant's pain was neuropathic in nature. The applicant was described as having elbow epicondylar pain, shoulder tendinitis, and thumb arthritis. These are not neuropathic issues. The request for Lidoderm patches, thirty count with two refills, is not medically necessary or appropriate.