MAXIMUS Federal Services

Case Number:	CM14-0039773		
Date Assigned:	06/27/2014	Date of Injury:	06/09/1999
Decision Date:	07/29/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/28/2014

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 neck pain reportedly associated with an industrial injury of June 9, 1999.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; opioid therapy; muscle relaxants; and the apparent imposition of permanent work restrictions.In a Utilization Review Report dated January 16, 2014, the claims administrator denied a request for topical Lidoderm patches. Despite the fact that the MTUS addressed the topic, the claims administrator nevertheless chose to employ a variety of non-MTUS Guidelines, including non- MTUS Guidelines from ODG and Epocrates.The applicant's attorney subsequently appealed.In a clinical progress note dated January 7, 2014, the applicant did present with persistent complaints of chronic, severe neck and arm pain status post failed neck surgery. The applicant had derivative complaints of muscle spasm, insomnia, anxiety, and depression. 5/10 pain with medications and 10/10 pain without medications were noted. The applicant was using morphine, Soma, Lidoderm, Ativan, Seroquel, and Zoloft, it was stated. The applicant was reportedly "not working," it was acknowledged. A variety of medications were refilled. Permanent work restrictions were likewise renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines.

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

Decision rationale: As noted on page 112 of the MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is indicated in applicants with neuropathic pain in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, there is no evidence of antidepressant and/or anticonvulsant adjuvant medication failure which would support provision of topical lidocaine. Therefore, the request is not medically necessary.