

Case Number:	CM14-0040360		
Date Assigned:	06/27/2014	Date of Injury:	10/04/1999
Decision Date:	07/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/03/2014

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 4, 1999. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; opioid therapy; earlier lumbar spine surgery in 2005; topical agents; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated February 25, 2014, the claims administrator denied a request for Lidoderm patches. The applicant's attorney subsequently appealed. In a progress note dated February 14, 2014, the applicant was given a refill of a variety of medications, including MS Contin, Dilaudid, baclofen, and Lyrica. The applicant was seemingly ambulating with the aid of a cane. The applicant did have a variety of issues associated with chronic low back pain, "psychiatric disability," and bipolar disorder. The applicant was apparently using a variety of psychotropic medications through other providers, including Restoril, Depakote, Zyprexa, and BuSpar.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #60: Upheld

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

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, topical 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, the applicant's ongoing usage of Lyrica, an anticonvulsant adjuvant medication, effectively obviates the need for topical Lidoderm. Therefore, the request is not medically necessary.