

Case Number:	CM14-0040525		
Date Assigned:	07/25/2014	Date of Injury:	06/24/2008
Decision Date:	09/08/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 low back pain reportedly associated with an industrial injury of June 24, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; epidural steroid injection therapy; and topical pain patches. In a Utilization Review Report dated February 25, 2014, the claims administrator denied a request for topical Lidoderm patches. In a January 13, 2014 progress note, the applicant presented with 5/10 pain with medications and 7/10 pain without medications. The applicant had heightened pain complaints with activities of daily living, including walking, self-care, personal hygiene, and hand function. Lortab, Duragesic, and an ibuprofen-containing gel were endorsed. The applicant was asked to discontinue lidocaine gel. It was stated that the applicant had worsened pain on this occasion. It was not stated precisely why lidocaine gel was discontinued.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE HCL 2% #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 111-113.

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 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 antidepressants and/or anticonvulsants were trialed and/or failed before Lidoderm gel was introduced. It is further noted that the applicant appears to have received the Lidoderm gel, despite the tepid-to-unfavorable MTUS position on the same. Topical lidocaine did not seemingly generate any lasting benefit or functional improvement as defined in MTUS 9792.20f. The applicant did not appear to have returned to work. The applicant continued to remain highly reliant on various opioid medications, including Duragesic and Norco. Ongoing usage of lidocaine gel, in short, was not successful. Therefore, the Lidocaine HCL 2% #100 is not medically necessary.