

Case Number:	CM14-0073722		
Date Assigned:	07/16/2014	Date of Injury:	04/28/2010
Decision Date:	10/08/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/20/2014

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 low back pain and psychological stress reportedly associated with an industrial injury of April 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated May 12, 2014, the claims administrator denied a request for Lidoderm patches. The claims administrator stated that the applicant should, instead, try antidepressant adjuvant medications. It was acknowledged that the applicant had apparently been forced to discontinue gabapentin owing to side effects. The applicant's attorney subsequently appealed. In an August 2, 2013 progress note, the applicant reported persistent complaints of low back pain radiating into left leg. The applicant was using Lidoderm and Norco. Pain ranging from 6-9/10 was appreciated. The applicant's complete medication list included Lidoderm, Norco, Amiodarone, Zestril, Niaspan, Zocor, and Aspirin. The applicant's work status was not clearly outlined. In a later note dated May 2, 2014, the applicant again reported low back pain radiating into left leg, ranging from 6-8/10. The applicant was having difficulty ambulating. Left lower extremity weakness was noted. The applicant was also depressed and having issues with sleep, it was further noted. The applicant had a variety of cardiac issues. Norco, Lidoderm, and Senna were again renewed. The applicant's work status was not clearly outlined. Electrodiagnostic testing of April 11, 2014 was notable for a left-sided L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 % 700 mg patch, apply 1 patch every day QTY 30 - refill 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 7; 122.

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that 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, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is seemingly off of work, although this may be a function of the applicant's cardiac issues as opposed to his chronic pain issues, it is acknowledged. The applicant, however, is having difficulty performing activities of daily living as basic as ambulating and remains highly reliant on opioid medications such as Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm. Therefore, the request is not medically necessary.