MAXIMUS Federal Services

Case Number:	CM14-0073883		
Date Assigned:	07/16/2014	Date of Injury:	06/27/2005
Decision Date:	10/15/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/21/2014

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 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 represented OS1-LSE employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 27, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; opioid therapy; and topical agents. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for Lidoderm patches. In its Utilization Review Report, the claims administrator reported that the applicant was using gabapentin, tramadol, lidocaine, and baclofen. The applicant's attorney subsequently appealed. In a May 23, 2014 progress note, the applicant reported persistent complaints of low back pain with derivative complaints of anxiety, frustration, and depression. The applicant was using Neurontin, Lidoderm, and tramadol, it was acknowledged. The applicant did have comorbidities including hepatitis C and was status post both left knee and lumbar spine surgery, it was stated. The applicant was asked to continue Lidoderm patches on the grounds that they were reportedly helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine/ Lidoderm patches.

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-Lidoderm is indicated in the treatment of localized peripheral pain/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 gabapentin, an anticonvulsant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.