

Case Number:	CM14-0189689		
Date Assigned:	11/20/2014	Date of Injury:	06/22/2006
Decision Date:	01/12/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/13/2014

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 22, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier epidural steroid injection therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated November 30, 2014, the claims administrator failed to approve requests for Lidoderm patches. The applicant's attorney subsequently appealed. In an October 9, 2014 progress note, the applicant reported persistent complaints of low back pain, highly variable, 5-9/10. The applicant was not working with previously imposed permanent limitations, it was acknowledged. The applicant stated that he was using medical marijuana rarely. The applicant's medications included Lidoderm, Norco, Flexeril, Plavix, Lipitor, and Zestril, it was acknowledged. Permanent work restrictions were renewed. At the bottom of the report, it was stated that the applicant was being started on Lidoderm on the grounds that Norco and Flexeril had proved incompletely effective. In an earlier note dated September 23, 2014, the applicant again reported persistent complaints of low back pain, highly variable, 5-9/10, status post earlier trigger point injection therapy. The applicant was using medical marijuana rarely, it was acknowledged. The applicant's medication list, on this date, included Norco, Medrol, Flexeril, Plavix, Lipitor, and Zestril. The remainder of the file was surveyed. There was no mention of the applicant using either topical lidocaine or anticonvulsant adjuvant medications and/or antidepressant adjuvant medications prior to October 9, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% (700mg/Patch) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine 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, there was no mention of antidepressant adjuvant medications and/or anticonvulsant adjuvant medications having been tried and/or failed prior to selection and/or introduction of Lidoderm patches on October 9, 2014. Therefore, the request is not medically necessary.