

Case Number:	CM14-0202292		
Date Assigned:	12/30/2014	Date of Injury:	12/09/1996
Decision Date:	02/03/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/03/2014

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 is a represented [REDACTED] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of December 9, 1996. In a Utilization Review Report dated November 11, 2014, the claims administrator denied Lidoderm patches and conditionally denied home healthcare assistance. The claims administrator referenced a progress note of September 25, 2014 in its determination and noted that the applicant was using a cane, had a history of lumbar fusion surgery, and had a history of shoulder surgery. The applicant's attorney subsequently appealed. In a progress note dated August 5, 2014, the applicant reported ongoing complaints of low back, left foot, lumbar spine, and cervical spine pain. The applicant was using Flector patches and a TENS unit. The applicant was asked to continue home exercises. TENS unit supplies were endorsed, along with Flector, home healthcare assistance, and continued transportation services. On September 25, 2014, the attending provider again sought authorization for medical transportation to and from all appointments. A Toradol injection was also administered owing to an alleged flare of low back pain. The applicant was using a cane to move about. A well-healed shoulder scar was noted. Lidoderm patches were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine; Pain Mechanisms Page(s): 112; 3.

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 anticonvulsant adjuvant medication and/or antidepressant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. It is further noted that the September 25, 2014 progress note on which the Lidoderm patches were renewed suggested that the applicant's pain complaints, as of that point in time, were mechanical shoulder and back pain. There was no mention of lancinating, burning, numbing, and/or tingling sensation which characterizes neuropathic pain, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.