MAXIMUS Federal Services

Case Number:	CM14-0206746		
Date Assigned:	12/18/2014	Date of Injury:	10/12/1998
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
Priority:	Standard	Application Received:	12/10/2014

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 neck pain reportedly associated with an industrial injury of October 12, 1998. In a Utilization Review Report dated November 21, 2014, the claims administrator denied a request for topical Lidoderm patches while approving OxyContin and Morphine. The claims administrator noted that the applicant had undergone earlier cervical spine surgery as well as earlier right and left shoulder surgeries, and earlier right and left carpal tunnel release surgery. The claims administrator referenced progress notes of December 3, 2014 and November 17, 2014, in its determination. The applicant's attorney subsequently appealed. On June 25, 2014, the applicant reported persistent complaints of neck and upper back pain radiating to the left arm. The applicant was on OxyContin and oxycodone. The attending provider wrote in one section of the note that the applicant was "stable" with oxycodone and OxyContin and then wrote, a few phrases later, that both medications were "not tolerated." The applicant's complete medication list included OxyContin, MS Contin, Prozac, Wellbutrin, Zanaflex, Elavil, Colace, Lidoderm, Celebrex, and Ambien. The stated diagnoses cervical radiculopathy, depression, post laminectomy syndrome, arm pain, and cervical degenerative disk disease. The applicant had multiple topical tender points, it was further noted. In a progress note dated November 17, 2014, the applicant reported persistent complaints of neck, shoulder, and arm pain. The attending provider posited that the applicant's current medication regimen including Ambien, Celebrex, Lidoderm, Morphine, OxyContin, Prozac, Voltaren, Wellbutrin, Zanaflex, Elavil, and Colace was effective, but did not elaborate or expound further. Multiple medications were filled, including Lidoderm patches at issue. The applicant was apparently off of work, it was suggested. The applicant had reportedly "retired," it was suggested, at age 53.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 patches of Lidoderm 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: 1. No, the request for Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in 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 multiple first line oral anticonvulsant and adjuvant medications, including Wellbutrin and Elavil, effectively obviated the need for Lidoderm patches at issue. It is further noted that the applicant has seemingly received the Lidoderm patches on several prior occasions, despite the tepid-to-unfavorable MTUS position on the same. Ongoing usage of Lidoderm patch has failed to demonstrate any material benefit or functional improvement as defined in MTUS 9792.20f. The applicant is off of work. The applicant has apparently taken some form of medical retirement at age 53. Ongoing usage of Lidoderm patch has failed to curtail the applicant's dependence on opioid agents such as OxyContin, MS Contin, etc. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.