

Case Number:	CM14-0082188		
Date Assigned:	07/21/2014	Date of Injury:	04/15/2011
Decision Date:	01/02/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/03/2014

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] employee who has filed a claim for chronic neck pain and migraine headaches reportedly associated with an industrial injury of April 15, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated May 22, 2014, the claims administrator denied a request for lidocaine patch. The applicant's attorney subsequently appealed. In an April 17, 2014 progress note, the applicant reported ongoing complaints of neck pain, low back pain, and headaches. The applicant was not working, it was acknowledged. The applicant was asked to employ Vicodin for pain relief. Aquatic therapy was also ordered. The applicant was asked to continue Lidoderm patches. An extremely proscriptive 10-pound lifting limitation was renewed, effectively resulting in the applicant's removal from the workplace. In an earlier note dated March 10, 2014, the applicant again reported ongoing complaints of low back pain. The applicant was using Lidoderm, Vicodin, Losartan, and Lopressor, it was noted. The applicant was not working on this occasion, either. Rather proscriptive 10-pound lifting limitation was renewed while 12 sessions of aquatic therapy were sought. On January 6, 2014, the applicant's medications were again comprised of Vicodin, Lidoderm, losartan, and Lopressor. Twelve sessions of massage therapy were apparently sought. The applicant stated that she remained depressed and frustrated but stated that she had ceased drinking alcohol two months prior. A 10-pound lifting limitation was endorsed, effectively resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% day supply: 30 QTY: 30 refills 2: 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 Analgesics 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 anticonvulsants, in this case, however, it does not appear that anticonvulsant adjuvant medications and antidepressant adjuvant medications were trialed and/or failed before the lidocaine pads at issue were endorsed. It is further noted that the applicant has already received lidocaine pads at issue on several occasions, despite the tepid-to-unfavorable MTUS position on the same. The applicant has, furthermore, failed to profit from prior usage of the lidocaine pads. Ongoing usage of lidocaine pads has failed to curtail the applicant's dependence on opioid agents such as Norco/Vicodin and has likewise failed to reduce the applicant's work restrictions. The applicant has failed to return to work with a rather proscriptive 10-pound lifting limitation in place. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the lidocaine pads at issue. Therefore, the request was not medically necessary.