

Case Number:	CM15-0106835		
Date Assigned:	06/11/2015	Date of Injury:	02/23/2012
Decision Date:	07/16/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/03/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 40-year-old who has filed a claim for chronic shoulder, knee, wrist, mid back, and low back pain reportedly associated with an industrial injury of February 23, 2012. In a utilization review report dated May 8, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced an April 23, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 12, 2015, difficult to follow, not entirely legible, the applicant was apparently returned to regular duty work. It was not, however, clearly stated whether the applicant was in fact working or not. The attending provider stated toward the top of the report that the applicant had "difficulty working" owing to pain complaints. 6/10 pain was reported. The applicant had ongoing complaints of shoulder, neck, mid back, low back, and knee pain with derivative complaints of psychological stress, depression, and anxiety. Mechanical complaints of knee pain with associated popping, locking, and giving way represented the primary pain generator, the treating provider reported. Medication selection and medication efficacy were not detailed or discussed on this occasion. On March 9, 2015, the applicant's psychiatrist suggested that the applicant was working despite issues with depression, anxiety, and loss of self- confidence. Once again, the applicant's medication list was not detailed. The applicant was given a prescription for Norco on January 27, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Lidoderm patches 5%, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical medications.

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

Decision rationale: No, the request for topical lidocaine patches is 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 the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the attending provider's handwritten progress notes, referenced above, did not clearly establish issues with antidepressant adjuvant medication or anticonvulsant adjuvant medication failure, nor did the attending provider's handwritten progress note clearly identify the presence of neuropathic pain complaints which would have supported usage of topical Lidoderm. Multiple progress notes, referenced above, did not describe or characterize the applicant's complete medication list. The applicant's primary pain generator, furthermore, appeared to be mechanical knee pain with associated symptoms of locking and clicking, it was reported above. Such symptoms were not, however, suggestive of neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines is characterized by lancinating, electric shock like, numbing, tingling, and/or burning sensation, i.e., symptoms which were not reported here. Ongoing usage of topical Lidoderm patches was not, thus, indicated in the clinical context present here. Therefore, the request is not medically necessary.