

Case Number:	CM15-0137833		
Date Assigned:	07/27/2015	Date of Injury:	02/10/1993
Decision Date:	08/27/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/16/2015

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 70-year-old who has filed a claim for chronic low back pain, neck pain, and myofascial pain syndrome reportedly associated with an industrial injury of February 10, 1993. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. A June 8, 2015 RFA form and associated progress note of May 28, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. The claims administrator's medial evidence log, however, stated that the most recent note on file was in fact dated December 12, 2014; thus, the more recent notes which the claims administrator seemingly based its decision upon was not incorporated into the IMR packet. On said December 12, 2014 progress note, the applicant reported ongoing complaints of low back pain, sacroiliitis, myofascial pain, and neck pain. Mostly non-radicular pain complaints were reported. Stabbing and shooting neck pain radiating into the left arm was reported. The applicant was given refills of trazodone, tramadol, and Flexeril. Multiple trigger point injections were sought. It was stated that the applicant's pain complaints, at this point, were predominantly mechanical and/or myofascial in nature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine (anesthetic).

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

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes 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, there is no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Furthermore, the applicant's presentation on December 12, 2014, per the attending provider, was suggestive or evocative of underlying myofascial or musculature pain complaints about the cervical paraspinal musculature, shoulder region, and/or low back region. The attending provider stated toward the bottom of the report on that date that she believed the applicant had underlying myofascial pain complaints. It did not appear, thus, that the applicant had bona-fide neuropathic pain, localized peripheral pain, radicular pain, etc., for which topical Lidocaine could have been considered. While it is acknowledged that more recent progress notes made available to the claims administrator were not seemingly incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.