MAXIMUS Federal Services

Case Number:	CM15-0138351		
Date Assigned:	07/28/2015	Date of Injury:	02/06/2012
Decision Date:	08/28/2015	UR Denial Date:	07/08/2015
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 43-year-old who has filed a claim for chronic elbow and shoulder pain reportedly associated with an industrial injury of February 6, 2012. In a utilization review report dated July 8, 2015, the claims administrator failed to re-request for topical Lidoderm patches. The claims administrator referenced an RFA form received on June 27, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated April 15, 2015, the applicant reported a primary complaint of mechanical shoulder pain. The applicant did report ancillary complaints of numbness and tingling, the site of which was not clearly detailed. The applicant was using Lidoderm, Celebrex, Axid, and Neurontin, it was stated toward the bottom of the report. Acupuncture was endorsed. A 35-pound lifting limitation was endorsed on the grounds that the applicant was having difficulty tolerating regular duty work. It was not stated whether the applicant's employer was able to accommodate the said 35-pound lifting limitation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch 4% #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57.

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

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 does acknowledge that topical Lidoderm is indicated in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, here, however, the applicant's concurrent usage of Neurontin (gabapentin), an anticonvulsant and adjuvant medication, effectively obviated the need for the Lidoderm patches in question. Therefore, the request was not medically necessary.