

Case Number:	CM15-0143655		
Date Assigned:	08/04/2015	Date of Injury:	05/09/2013
Decision Date:	09/08/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/24/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back, hip, neck, shoulder, and elbow pain reportedly associated with an industrial injury of May 9, 2013. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced an RFA form and associated progress note of May 27, 2015 in its determination. The applicant's attorney subsequently appealed. On June 26, 2015, the applicant reported ongoing complaints of hip pain, 5-6/10, exacerbated by sitting, walking, and rotation. The applicant was on Motrin and Effexor. The applicant was off of work, it was acknowledged. The applicant exhibited an antalgic gait. Permanent work restrictions were renewed. The applicant had undergone an earlier right hip total hip arthroplasty, it was reported. The applicant also had issues with lumbar facet arthropathy, it was reported. The applicant's complete medication list was not detailed. The applicant was asked to start Nucynta. The note was very difficult to follow. It was suggested that Effexor was not beneficial, that Cymbalta had been denied, and that gabapentin and Lyrica had not been tolerated. There was no mention of the applicant's using Lidoderm patches in the June 26, 2015 narrative report. In a separate handwritten progress note dated June 26, 2015, it was stated that the applicant was using Effexor, Lidoderm patches, and naproxen. A rather proscriptive 10-pound lifting limitation was endorsed. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine HCL 4% #10: Upheld

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

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 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 applicant's presentation on June 26, 2015 was not suggestive or evocative of neuropathic pain. The applicant was described as having mechanical hip pain status post earlier hip arthroplasty, exacerbated by walking, lying down, rotating, sitting, etc. The applicant also had issues with lumbar facet arthropathy. Neither hip pain status post hip arthroplasty nor facet arthropathy are conditions classically associated with neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by numbing, tingling, burning, and/or electric shock like sensation. Such sensations were seemingly absent here it was suggested on the June 26, 2015 progress note at issue. The handwritten June 26, 2015 progress note seemingly suggested that the applicant was already using the Lidoderm patches in question. No seeming discussion of medication efficacy transpired on the handwritten form dated June 26, 2015. The narrative report dated June 26, 2015 made no mention of the applicant's using Lidoderm patches. It did not appear, however, that the Lidoderm patches in question were particularly effective. The applicant had failed to return to work. A rather proscriptive 10-pound lifting limitation was renewed on June 26, 2015. The applicant was asked to begin Nucynta, presumably on the grounds that previously provided medications, including the Lidoderm patches at issue, had not proven particularly beneficial in terms of the functional improvement parameters established in MTUS 9792.20e. Therefore, the request is not medically necessary.