

Case Number:	CM15-0149519		
Date Assigned:	08/12/2015	Date of Injury:	11/04/1999
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/31/2015

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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 4, 1999. In a Utilization Review dated July 24, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced an RFA form of July 20, 2015, an appeal letter of July 14, 2015 and a progress note dated June 9, 2015 in its determination. The applicant's attorney subsequently appealed. On February 19, 2015, the applicant underwent a thoracic spinal cord stimulator implantation. On June 9, 2015, the applicant reported ongoing complaints of low back and knee pain with derivative complaints of depression status post earlier failed spinal fusion surgery. The applicant was on Elavil, Lidoderm, Voltaren, and Motrin, it was reported. Both Elavil and Lidoderm patches were renewed.

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 Lidoderm, Topical analgesics.

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 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 of antidepressants and/or anticonvulsants, here, however, the applicant's concomitant usage of Elavil, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches in question. Therefore, the request was not medically necessary.