

Case Number:	CM15-0161936		
Date Assigned:	08/27/2015	Date of Injury:	07/13/2009
Decision Date:	10/05/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/17/2015

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 58-year-old who has filed a claim for chronic neck, low back, wrist, elbow, and shoulder pain reportedly associated with an industrial injury of July 13, 2009. In a Utilization Review report dated July 22, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced a June 30, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 23, 2015, the applicant reported ongoing complaints of neck pain, low back pain, upper extremity pain, lower extremity pain with derivative complaints of headaches, 4/10 with medications versus 8/10 without medications. The applicant's chronic pain complaints were generating a "severe" impact in the applicant's ability to perform activities of daily living, it was acknowledged in one section of the note. In another section of the note, the attending provider contended that the applicant's ability to do laundry, dressing, and combing and washing her had been ameliorated as a result of ongoing medication consumption. The applicant was not working, it was acknowledged. Neurontin, Lidoderm, Percocet, and tizanidine were continued and/or renewed. The applicant was asked to employ a cane and compressive stockings for issues with venous varicosities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch, 12 hrs on 12 hrs off, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 56 of 127.

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

Decision rationale: No, the request for 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 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 concomitant usage of gabapentin, an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches in question. Therefore, the request was not medically necessary.