

Case Number:	CM15-0186027		
Date Assigned:	09/28/2015	Date of Injury:	09/26/2007
Decision Date:	11/10/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/21/2015

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 61-year-old who has filed a claim for chronic neck, back, hip, and arm pain reportedly associated with an industrial injury of September 26, 2007. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced an August 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form of August 27, 2015, additional acupuncture and Lidoderm patches were sought. On an associated progress note of August 20, 2015, the applicant reported chronic pain, involving all of her affected body parts. The applicant had comorbidities including hypertension and dyslipidemia. The applicant was on hydrochlorothiazide, aspirin, Zocor, Vicodin, Soma, Motrin, and estrogen, it was reported. The applicant's operating diagnoses included lumbar disk protrusion, left knee arthritis, cervical strain, bilateral shoulder strain, and bilateral upper extremity overuse syndromes. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. Lidoderm patches were renewed, it was stated toward the bottom of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 Percent 1 Box of Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: No, the request for topical Lidoderm patches was not medically necessary, medically appropriate, or indicated here. The request in question was, it is incidentally noted, framed as a renewal or extension request for Lidoderm patches. 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, the August 20, 2015 office visit at issue made no mention of the applicant's having previously failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, it was not clearly stated whether the applicant was or was not working with limitations in place on August 20, 2015. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Vicodin or diminish the applicant's dependence on other treatment modalities such as acupuncture. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.