

Case Number:	CM15-0193193		
Date Assigned:	10/06/2015	Date of Injury:	09/30/2010
Decision Date:	11/19/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/30/2015

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 64-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of September 30, 2010. In a Utilization Review report dated September 16, 2015, the claims administrator failed to approve a request for Lidoderm patches. The claims administrator referenced an RFA form received on September 9, 2015 along with an associated progress note dated September 2, 2015 in its determination. The applicant's attorney subsequently appealed. On handwritten progress notes dated April 15, 2015, May 13, 2015 and June 10, 2015, the applicant was placed off of work, on total temporary disability. The notes were very difficult to follow and not altogether legible. In a handwritten note date September 2, 2015, Neurontin, Norco, and Lidoderm patches were endorsed. The applicant was given work restrictions. Worsening complaints of low back pain and neck pain were noted with associated radicular symptoms. The applicant was apparently using a cane to move about. Lumbar MRI imaging, discography, and x-rays were all apparently appealed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches, 1 box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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 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 concomitant usage of gabapentin, an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue as of the September 2, 2015 office visit in question. Therefore, the request was not medically necessary.