

Case Number:	CM15-0193750		
Date Assigned:	10/07/2015	Date of Injury:	01/04/2013
Decision Date:	11/23/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	10/02/2015

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 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 4, 2013. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for Lidoderm patches. The claims administrator referenced an August 24, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On February 16, 2015, the applicant was placed off of work, on total temporary disability, owing to heightened complaints of low back pain. The applicant was seemingly given renewals of tramadol, Lidoderm patches, and Ambien. The note was very difficult to follow and not altogether legible. On August 12, 2015, the applicant was again placed off of work, on total temporary disability. Ongoing complaints of low back pain radiating to bilateral lower extremities was reported. Limited lumbar range of motion was present. No seeming discussion of medication efficacy transpired. On August 24, 2015, the applicant reported ongoing complaints of low back pain with radiation of pain to the thighs and calf. Epidural steroid injection therapy was sought. Norco was renewed. No seeming discussion of medication efficacy transpired on this date. There was no seeming mention of the Lidoderm patches in question on this date. On August 24, 2015, the applicant reported constant, severe 8/10 low back pain. Tramadol, Lidoderm, and Soma were prescribed and/or dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches #15: Upheld

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

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. 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 August 24, 2015 office visit at issue made no mention of the applicant's having previously tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications. The request in question was, moreover, seemingly framed as a renewal request for Lidoderm patches. However, page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, it was reported on August 3, 2015. Severe, 8/10 pain complaints were reported on August 24, 2015. The applicant remained dependent on a variety of opioid and non-opioid agents to include tramadol, Norco, and Soma. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.