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| Case Number: | CM15-0205400 | | |
| Date Assigned: | 10/22/2015 | Date of Injury: | 02/11/2015 |
| Decision Date: | 12/08/2015 | UR Denial Date: | 10/08/2015 |
| Priority: | Standard | Application Received: | 10/19/2015 |

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 [REDACTED] who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 11, 2015. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for Lidoderm patches. An October 1, 2015 RFA form and an associated September 25, 2015 office visit were referenced in the determination. The applicant's attorney subsequently appealed. On September 25, 2015, the applicant reported ongoing complaints of neck pain radiating to the arms, 10/10 without medications versus 6/10 with medications. Walking, moving, and sitting all remained problematic, the treating provider reported. The applicant had ancillary complaints of elbow epicondylitis, back pain, and headaches, it was reported. Norco and Lidoderm patches were renewed. The applicant had developed issues with moderately severe depression, the treating provider reported. A topical compounded agent was also seemingly prescribed. Electrodiagnostic testing of upper extremities was proposed. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches #60, one patch 12hours on/12 hours off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), 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 Lidoderm patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledges 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 September 25, 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 prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulate that an attending provider incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not reported on September 25, 2015, suggesting that the applicant was not, in fact, working. Activities of daily living as basic as walking, moving, sitting, and the like remained problematic, the treating provider reported. Ongoing usage of Lidoderm failed to curtail the applicant's dependence on opioid agents such as Norco and tramadol, the treating provider acknowledged on September 25, 2015. 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.