

Case Number:	CM15-0022119		
Date Assigned:	02/11/2015	Date of Injury:	04/24/2000
Decision Date:	04/20/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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 59-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 24, 2000. In a utilization review report dated January 23, 2015, the claims administrator failed to approve a request for Lidoderm patches. The claims administrator referenced an RFA form received on January 21, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated January 8, 2015, the applicant reported ongoing complaints of low back and neck pain. The applicant's work status was reportedly unchanged. Highly variable pain complaints ranging from 3/10 to 7/10 were reported. It did not appear that the applicant was working. Epidural steroid injection therapy, Neurontin, Zanaflex, Lidoderm, omeprazole, and Vimovo were endorsed. The applicant was asked to follow up on a p.r.n. basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, #60: Upheld

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

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 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 of anti-depressants and/or anti-convulsants, in this case, however, the applicant's ongoing usage of Neurontin (gabapentin), an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.