

Case Number:	CM15-0024399		
Date Assigned:	03/19/2015	Date of Injury:	01/22/2000
Decision Date:	04/16/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/09/2015

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 56-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 22, 2000. In a Utilization Review Report dated January 21, 2015, the claims administrator denied a request for topical lidocaine patches while approving MiraLax, conditionally denying Ambien, and conditionally denying Ultram. An RFA form received on January 7, 2015 was referenced in its determination. The applicant's attorney subsequently appealed. In a December 2, 2014 progress note, the applicant reported issues with constipation and hemorrhoids. Lactulose was prescribed. The applicant's complete medication list was not detailed. On August 6, 2014, the applicant reported ongoing issues of low back pain, neck pain, depression, and multifocal pain syndrome. The applicant's medication lists included Colace, Naprosyn, Abilify, Wellbutrin, Celexa, Robaxin, Ultram, Desyrel, Restoril, and Lidoderm. The applicant's work status was not detailed. Multiple medications were renewed, including Ultram, Robaxin, Prilosec, Neurontin, Lidoderm, Ambien, and MiraLax. The attending provider also sought authorization for medical transportation to and from appointments on the grounds that the applicant was unable to transport himself.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 5% #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: No, the request for lidocaine 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/neuropathic pain in applicants in whom there has been a trial of first line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Wellbutrin, an antidepressant adjuvant medication, and Neurontin, an anticonvulsant adjuvant medication, effectively obviated the need for the Lidoderm (lidocaine) patches at issue. Therefore, the request was not medically necessary.