

Case Number:	CM15-0220995		
Date Assigned:	11/16/2015	Date of Injury:	01/22/2008
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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] beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of January 22, 2010. In a Utilization Review report dated November 2, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. RFA forms dated October 2, 2015 and October 28, 2015 were referenced in the determination, as was a progress note dated September 10, 2015. The applicant's attorney subsequently appealed. On September 10, 2015, the applicant reported ongoing issues with shoulder pain, 9/10. The applicant's complete medication list was not detailed. Ancillary complaints of knee and back pain were also reported. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place. There was no seeming mention of Lidoderm patches in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5% qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS 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 September 10, 2015 office visit at issue made no mention of the applicant's having 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 further stipulates that an attending provider should be knowledgeable regarding prescribing information. Here, however, the September 10, 2015 made no explicit mention of the need for Lidoderm patches. Therefore, the request was not medically necessary.