

Case Number:	CM15-0039569		
Date Assigned:	03/09/2015	Date of Injury:	01/31/2001
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/02/2015

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 68-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of January 31, 2001. In a Utilization Review Report dated February 4, 2015, the claims administrator failed to approve a request for Lidoderm patches. A January 21, 2015 prescription form was referenced in the determination. The claims administrator did, however, apparently approve a request for Duragesic and Tegaderm, it was incidentally noted. The applicant's attorney subsequently appealed. In a progress note dated December 3, 2014, the applicant reported ongoing complaints of low back pain, neck pain, headaches, depression, and myofascial pain syndrome. The applicant's medication list included Coumadin, Dilaudid, Glucophage, Lamictal, Lidoderm, Norco, Prilosec, Pennsaid, Tenormin, Zocor, and aspirin. The applicant's pain complaints were seemingly heightened. Various medications, including a topical compounded cream, Lidoderm, Tegaderm, and Duragesic were refilled. The applicant's work status was not clearly detailed. On January 21, 2015, the attending provider refilled fentanyl, Tegaderm, and Lidoderm patches. The attending provider stated that the applicant was receiving Dilaudid from another practitioner. A topical compounded cream was endorsed. The applicant was no longer working and had reportedly retired, it was suggested. Heightened pain complaints were again reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patches, #30 with 11 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: No, the request for topical Lidoderm was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical Lidoderm 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, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. It is further noted that the request in question does represent a refill of Lidoderm. The applicant does not; however, appear to have profited from the same. The applicant remains off work. The applicant was reportedly retired; it was suggested on several occasions, referenced above. Heightened pain complaints were evident on several office visits of late 2014 and early 2015. Ongoing usage of Lidoderm failed to curtail the applicant's dependence on opioid agents such as Duragesic. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Lidoderm. Therefore, the request was not medically necessary.