

<b>Case Number:</b>	CM15-0045884		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	05/10/2012
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	02/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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 44-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of depression, anxiety, and psychological stress reportedly associated with an industrial injury of May 10, 2012. In a Utilization Review report dated February 17, 2015, the claims administrator failed to approve requests for Lidoderm patches and a urine drug screen while approving a request for omeprazole. A January 24, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 24, 2015, the applicant reported issues with anxiety, depression, dizziness, psychological stress, and gastroesophageal reflux disease. Low back pain rating 5-8/10 was also noted. The applicant was placed off of work, on total temporary disability, while omeprazole, several topical compounded medications, and Lidoderm patches were endorsed. Physical therapy was proposed, as was a urine drug screen. The applicant was placed off of work, on total temporary disability. The applicant's complete medication list, it was incidentally noted, was not furnished.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm 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 with antidepressants and/or anticonvulsants, in this case, however, there was no mention of the applicant's having failed antidepressant adjuvant medications and/or anti-convulsant adjuvant medications on the January 24, 2015 progress note at issue. No rationale for introduction, selection, and/or ongoing usage of the Lidoderm patches in question was furnished by the attending provider. Therefore, the request was not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Similarly, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODG's Chronic Pain Chapter Urine Drug Testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the Request for Authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, attempt to conform to the best practices of the United States Department of Transportation when performing drug testing, clearly identify when an applicant was last tested, and attempt to categorize the applicants into higher- or lower-risk categories for which more or less frequent drug testing would be indicated. Here, however, the applicant's complete medication list was not attached to the Request for Authorization for testing. The attending provider did not signal his intention to eschew confirmatory and/or quantitative testing, nor did the attending provider signal his intention to conform to the best practices of the United States Department of Transportation (DOT). It was not clearly stated when the applicant was last tested. The applicant's complete medication list was not incorporated into the January 24, 2015 progress note in question. Since several ODG criteria for pursuit of drug testing were not met, the request was not medically necessary.