

Case Number:	CM15-0052803		
Date Assigned:	03/26/2015	Date of Injury:	06/27/2011
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/19/2015

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 48-year-old who has filed a claim for chronic neck and shoulder pain reportedly associated with an industrial injury of June 27, 2011. In a Utilization Review report dated February 17, 2015, the claims administrator approved a request for Norco while denying a request for Lidoderm patches. An RFA form dated January 6, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On November 10, 2014, the applicant reported ongoing complaints of neck pain, shoulder pain, and arm pain. The applicant was given various diagnoses, including cervical radiculopathy versus myofascial pain syndrome. The applicant was using Vicodin, Celebrex, Lyrica, Lidoderm, Flexeril, and iron, it was acknowledged, several of which were renewed. The applicant's work status was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

Decision rationale: No, the request for a 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 Lidoderm 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 antidepressants and/or anticonvulsants, in this case, however, the applicant's ongoing usage of Lyrica, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request was not medically necessary.