

Case Number:	CM15-0052879		
Date Assigned:	03/26/2015	Date of Injury:	05/09/2009
Decision Date:	05/01/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/20/2015

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 51-year-old who has filed a claim for shoulder, neck, and knee pain reportedly associated with an industrial injury of May 9, 2009. In a Utilization Review report dated March 11, 2015, the claims administrator failed to approve a request for Lidoderm patches. An RFA form received on February 24, 2015 was reference in the determination. The applicant's attorney subsequently appealed. In a progress note dated January 13, 2015, the applicant reported multifocal complaints of knee, shoulder, and low back pain. A traction device, Norco, Desyrel, Lidoderm patches, and Lunesta were endorsed. The attending provider contended that the applicant had previously tried Neurontin but had experienced sedation with the same. It was not clearly stated whether the request for Lidoderm patches was a first time request or a renewal request. On February 4, 2015, the attending provider renewed tramadol, Desyrel, Norco, Lidoderm, and Lunesta. The applicant was given rather proscriptive work limitations which resulted in his removal from the workplace, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Lidocaine Page(s): 7; 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/neuropathic pain in applicants in whom there has been a trial of first line therapeutic antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was still off of work, on total temporary disability, as of the February 4, 2015 progress note on which Lidoderm patches were renewed. Rather proscriptive limitations were renewed on that date. It did not appear that Lidoderm patches had resulted in the reduction of the applicant's work restrictions, nor had Lidoderm patches diminished the applicant's consumption of opioid agent such as Norco and tramadol. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.