

Case Number:	CM15-0059900		
Date Assigned:	04/06/2015	Date of Injury:	08/28/2013
Decision Date:	05/06/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/30/2015

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 33-year-old [REDACTED] beneficiary who has filed a claim for chronic mid back and rib pain reportedly associated with an industrial injury of August 28, 2013. In a Utilization Review report dated March 3, 2015, the claims administrator failed to approve requests for Lidoderm patches. A RFA form dated February 27, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On February 4, 2015, the applicant reported ongoing complaints of mid back and rib pain, 7/10, exacerbated by bending, squatting, and twisting. The applicant was currently using Flexeril and naproxen, it was stated. The applicant was given a diagnosis of chest wall strain versus intercostal neuritis. The applicant stated that he had previously employed Lidoderm patches, with reportedly good effect. Lidoderm patches were endorsed for alleged intercostal neuritis, along with topical Voltaren gel. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patch #30 with 1 Refill: 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 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 patches are 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 tried and/or failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.