

Case Number:	CM14-0124882		
Date Assigned:	08/11/2014	Date of Injury:	10/26/2011
Decision Date:	10/16/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 34 year old patient had a date of injury on 10/26/2011. The mechanism of injury was not noted. In a progress noted dated 6/27/20214, the patient states pain level has decreased since last visit, that his quality of sleep is good, and his activity level has increased. He has noticed increased left extremity swelling. On a physical exam dated 6/27/2014, cervical range of motion is restricted with flexion limited to 30 degrees. The doctor wants to decrease Gabapentin from TID to BID due to side effects. The diagnostic impression shows cervical pain, cervical radiculopathy, and low back pain. Treatment to date includes medication therapy and behavioral modification. A UR decision dated 7/23/2014 denied the request for Lidoderm 5% #30, stating no documentation of neuropathic pain in this patient, and patient has been on it since at least 2012 with little functional benefit. Lexapro 20mg #30, stating that there was lack of documentation to indicate improved mood or pain with this patient, and this use has been dated back to 2012.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

Decision rationale: The California MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an anti-epilepsy drug such as Gabapentin or Lyrica). Official Disability Guidelines states that Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. In the 6/27/2014 progress report, this patient is noted to be on Gabapentin 100mg for his neuropathic pain. There was no discussion of failure of this 1st line oral analgesic, and the patient has been on Lidoderm since at least 1/2014 with no documented functional improvement noted. Therefore, the request for Lidoderm 5% patches #30 is not medically necessary.

Lexapro 20mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. In addition, Official Disability Guidelines identifies that anxiety medications in chronic pain are recommended for diagnosing and controlling anxiety as an important part of chronic pain treatment. In the 6/27/2014 progress report, there was no evidence of improved mood in this patient, and the patient has been on this medication since at least 1/2014. Therefore, the request for Lexapro 20mg #30 is not medically necessary.