

Case Number:	CM14-0185192		
Date Assigned:	11/13/2014	Date of Injury:	03/15/2011
Decision Date:	12/19/2014	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/06/2014

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, has a subspecialty in Preventive 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of March 13, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; unspecified amounts of epidural steroid injection therapy; a functional restoration program; and the apparent imposition of permanent work restrictions. In a utilization review report dated October 24, 2014, the claims administrator failed to approve a request for Lidoderm patches. The claims administrator suggested that the applicant was using Norco, Medrol, BuSpar, Tenormin, and Lidoderm as of October 6, 2014. In an August 13, 2014, progress note, the applicant reported ongoing complaints of low back pain. The applicant was using Lidoderm, Percocet, Tenormin, Medrol, and BuSpar, it was stated at the top of the report. The applicant's BMI was 19. Epidural steroid injection therapy was sought. The applicant was still using two to three Percocets a day. The applicant stated that generic Lidoderm has proven ineffectual and that she therefore needed brand-name Lidoderm patches for her neuropathic pain/radicular pain. The applicant was asked to try and cease smoking. Permanent work restrictions were renewed. The applicant did not appear to be working with said permanent limitations in place. On July 16, 2014, the applicant was again described as using Lidoderm, Percocet, Tenormin, Medrol, and BuSpar. Permanent work restrictions were again renewed. Lidoderm and Percocet were also prescribed. The applicant was again asked to try and cease smoking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch), Topical Analgesics Page(s): 56-57, 111.

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

Decision rationale: While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine/topical Lidoderm is indicated in the treatment of localized peripheral pain/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 is no mention of antidepressant adjuvant medication failure and/or anticonvulsant adjuvant medication failure before selection, introduction, and/or ongoing usage of Lidoderm patches at issue. It is further noted that the applicant has already received and used the Lidoderm patches at issue for an extended amount of time. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement despite ongoing usage of the same. The applicant has failed to return to work. Permanent work restrictions remain in place, unchanged, from visit to visit. Ongoing usage of Lidoderm patches has failed to curtail the applicant's dependence on opioid agents such as Percocet. All of the foregoing, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Lidoderm patches. Therefore, the request is not medically necessary.