

Case Number:	CM14-0099187		
Date Assigned:	07/28/2014	Date of Injury:	03/01/2001
Decision Date:	10/02/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/27/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, ankle, and spine pain reportedly associated with an industrial injury of March 1, 2001. Thus far, the applicant has been treated analgesic medications; topical agents; adjuvant medications; and earlier cervical fusion surgery. In a Utilization Review Report dated May 29, 2014, the claims administrator denied a request for topical Lidoderm patches. The claims administrator suggested that the applicant was concurrently using Desipramine, an antidepressant adjuvant medication. The applicant's attorney subsequently appealed. In a May 5, 2014 progress note, the applicant reported persistent complaints of low back and neck pain. The applicant was status post cervical spine surgery, it was acknowledged. The applicant was using Desipramine, Motrin, and Lidoderm patches, it was noted. The applicant was working on a part-time basis, 20 hours a week, it was stated. In an earlier note dated October 15, 2013, the applicant was again described as having persistent complaints of low back pain radiating to the legs. The applicant was using Lidoderm patches, and Desipramine, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% #60 with 5 refills: Upheld

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

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

Decision rationale: 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 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, the applicant's ongoing usage of Desipramine, an antidepressant adjuvant medication, effectively obviates the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.