

Case Number:	CM14-0156074		
Date Assigned:	03/24/2015	Date of Injury:	01/21/2003
Decision Date:	05/01/2015	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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. 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 70-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 21, 2003. In a Utilization Review Report dated September 12, 2014, the claims administrator failed to approve a request for Lidoderm patches. The applicant's attorney subsequently appealed. In an August 20, 2014 RFA form, knee viscosupplementation injections, Celebrex, Ultram, Lunesta, and Lidoderm were endorsed. In a progress note of the same date, August 20, 2014, the applicant reported ongoing complaints of low back and right knee pain. Some radiation of low back pain to the hips was appreciated. The applicant had received recent trigger point injections to the lumbar paraspinal musculature, it was acknowledged. The applicant was apparently in the process of pursuing a total knee replacement procedure for advanced knee arthritis, it was stated. The applicant's medication list included Xanax, Voltaren, Lunesta, tramadol, Nexium, Lidoderm, and Celebrex. Permanent work restrictions were renewed. The applicant was no longer working with said limitations in place, 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 5% # 30 with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Mechanisms, Lidocaine Page(s): 3, 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 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 pain did not appear to be neuropathic in nature, nor does it appear that the applicant has tried and/or failed first line antidepressants and/or anticonvulsant adjuvant medications. The applicant was described on August 20, 2014 as exhibiting mechanical knee pain secondary to knee arthritis. The applicant likewise reported complaints of predominantly axial, facetogenic low back pain, the treating provider contended. Neither knee arthritis nor facetogenic low back pain is a condition typically associated with neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by burning, lancinating, numbing, and/or electric shock-like sensations. Additionally, there was, in fact, no evidence that the applicant had failed first line antidepressant adjuvant medications and/or first line anticonvulsant adjuvant medications. Therefore, the request is not medically necessary.