

<b>Case Number:</b>	CM14-0211875		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	02/07/1997
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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: California, Arizona, Maryland  
Certification(s)/Specialty: Psychiatry

### CLINICAL CASE SUMMARY

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

Injured worker is a 63 year old female with date of injury 2/7/1997. Date of the UR decision was 11/25/2014. She strained her lower back and right upper extremity while performing work duties in form of placing up signs at a shopping mall. Treatment so far has included physical therapy, home exercise program, pain medications and multiple steroid injections with fluoroscopy in the cervical and lumbar region of her back as well multiple trigger point injections. Progress report dated 11/19/14 indicated that subjectively, there were symptoms of cervical pain and low back pain. Pain level was described as a 5/10. Objectively, there was documentation of palpable trigger points in the cervical region and the low back region.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm Patch:** 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 Analgesics Page(s): 111-112.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.

**Pain Psych Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations.

**Decision rationale:** ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. The request for Pain Psych Testing is not clinically indicated as there is no clinical rationale available that would suggest that performing the above testing would affect the diagnosis or treatment in this case. Thus, the request for Pain Psych Testing is not medically necessary.

**Electronic Psych Testing:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Mental and Stress < Psychological evaluations.

**Decision rationale:** ODG states that "Psychological evaluations are recommended. Psychological evaluations are generally accepted, well-established diagnostic procedures not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should

determine if further psychosocial interventions are indicated. The request for Electronic Psych Testing is not clinically indicated as there is no clinical rationale available that would suggest that performing the above testing would affect the diagnosis or treatment in this case. Thus, the request for Electronic Psych Testing is not medically necessary.