

Case Number:	CM14-0214808		
Date Assigned:	01/02/2015	Date of Injury:	11/11/2011
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/23/2014

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, Ohio, 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:

FILE NUMBER: CM14-0214808 CLINICAL SUMMARY: The applicant is a represented AIG beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 11, 2011. In a Utilization Review dated December 4, 2014, the claims administrator failed to approve a request for Lidoderm patches. The applicant's attorney subsequently appealed. In a June 19, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was using Zanaflex and Voltaren as of that point in time. The applicant had pursued 12 sessions of physical therapy. Zanaflex was refilled. A 25-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place. In a progress note dated November 6, 2014, the attending provider noted that the applicant had persistent complaints of low back pain. The applicant completed a work hardening program. The applicant was working, it was stated in one section of the note. The applicant was reportedly using Lidoderm patches. The attending provider sought authorization for both Lidoderm patches and a TENS unit. The applicant was returned to regular duty work. The remainder of the file surveyed. There was no mention of the applicant's having previously employed anticonvulsant adjuvant medications or antidepressant adjuvant medications. The bulk of the information on file suggested that the applicant had used Mobic, Zanaflex, and/or Voltaren at various points over the course of the claim.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% (700mg patch): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical LidocaineSection 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/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 was no mention of antidepressant adjuvant medication failure and/or anticonvulsant adjuvant medication failure prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Therefore, the request was not medically necessary.