

Case Number:	CM15-0000747		
Date Assigned:	01/12/2015	Date of Injury:	10/03/2008
Decision Date:	03/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

CLINICAL CASE SUMMARY

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

This 31 year old female was injured 10/3/08 in a rear-end collision injuring her neck and upper back. In 2010 she had another rear-end collision. She currently complains of pain in the neck, left arm and upper back. Diagnoses include chronic cervical pain with C5-6 disc protrusion; chronic left upper extremity radicular symptoms; chronic thoracic myofascial pain and lumbar myofascial pain. Medications include Prilosec, Lidoderm pain patch, Flexaril, Vicodin and Lidocaine ointment. Treatments include chiropractor, physical therapy, one time psychological exam, functional restoration program and radiographs. The injured worker has improved functioning since starting Vicodin. She is on modified work duty. The provider requested Lidoderm patch, Lidoderm ointment and Vicodin on 11/24/14 because of improved functioning with medication use. On 12/23/14 Utilization Review non-certified the request for Lidoderm patch 5% based on no documentation of first line therapies having been tried and failed that is in line with guideline recommendation. Topical Lidocaine was non-certified based on no other approved form of Lidocaine other than the patch. The request for Vicodin was non-certified based on lack of sufficient documentation indicating how her pain has been affected with the addition of Vicodin. Guidelines referenced were MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patches 5%, #90 (3 boxes) with 3 refills between 11/24/2014 and 2/14/2015:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 31 year old female has complained of neck and upper back pain since date of injury 10/3/2008. She has been treated with chiropractic therapy, physical therapy and medications. The current request is for Lidoderm patches 5%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidocerm patches is not indicated as medically necessary.

Lidocaine ointment 5% with 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

Decision rationale: This 31 year old female has complained of neck and upper back pain since date of injury 10/3/2008. She has been treated with chiropractic therapy, physical therapy and medications. The current request is for Lidocaine ointment 5%. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidocaine ointment 5% is not indicated as medically necessary.