

Case Number:	CM15-0113312		
Date Assigned:	06/19/2015	Date of Injury:	11/26/1999
Decision Date:	07/22/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/11/2015

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: 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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 26, 1999. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for topical lidocaine patch apparently prescribed and/or dispensed on or around May 14, 2015. The applicant's attorney subsequently appealed. In a RFA form dated February 8, 2015, Desyrel, Tylenol with Codeine, and Soma were endorsed. In a progress note dated December 3, 2014, the applicant reported ongoing complaints of low back pain seemingly without radicular pain complaints, it was reported in one section of the note. The applicant had undergone earlier failed lumbar laminectomy surgery and a subsequent spinal cord stimulator implantation, it was reported. The applicant was on Tylenol with Codeine, Elavil, Soma, Benadryl, Flomax, Lidoderm patches, meclizine, Lopressor, Prilosec, Seroquel, Topamax, Desyrel, Effexor, and Ambien, it was reported. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pads 5%, #60 with 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

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

Decision rationale: No, the request for topical 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, here, however, the applicant's ongoing usage of numerous antidepressant adjuvant medications and anticonvulsant adjuvant medications, seemingly including Topamax, Effexor, Desyrel, etc., effectively obviated the need for the Lidoderm patches in question. Therefore, the request was not medically necessary.