

Case Number:	CM15-0114282		
Date Assigned:	06/25/2015	Date of Injury:	10/23/2013
Decision Date:	07/24/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/12/2015

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 65-year-old who has filed a claim for chronic shoulder, neck, and knee pain reportedly associated with an industrial injury of October 23, 2013. In a Utilization Review report dated May 27, 2015, the claims administrator failed to approve a request for lidocaine patches. The claims administrator referenced an RFA form received on May 14, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log suggested that the sole progress note on file was dated January 8, 2015. On January 8, 2015, the applicant reported ongoing complaints of shoulder and knee pain. An interferential unit, MR arthrogram of the shoulder, non-contrast MRI imaging of the knee, and electro diagnostic testing of the bilateral upper and bilateral lower extremities were sought. 6-10/10 shoulder and knee pain complaints were reported. The applicant was placed off work, on total temporary disability. The applicant was described as having mechanical complaints of shoulder and knee pain exacerbated by reaching, pulling, standing, and walking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #30, DOS: 5/13/15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine Patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Pain Mechanisms Page(s): 112; 3.

Decision rationale: No, the request for topical Lidocaine 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 patches are 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 limited information on file, namely the January 8, 2015 progress note, made no mention of the applicant's having tried and/or failed oral antidepressant adjuvant medications or oral anticonvulsant adjuvant medications. It did not appear, moreover, that the applicant had in fact had localized peripheral pain complaints or neuropathic pain complaints for which topical Lidocaine patches could have been considered. Page 3 of the MTUS Chronic Pain Medical Treatment Guidelines notes that neuropathic pain is characterized by symptoms such as lancinating, electric shock like, numbing, tingling, and/or burning sensations. Here, however, the applicant was described on January 8, 2015 as having issues with mechanical knee and shoulder pain exacerbated by lifting, reaching, standing, and walking. It did not appear, thus, that the applicant's pain complaints were neuropathic in nature, nor did it appear that the applicant had in fact failed antidepressant adjuvant medications or anticonvulsant adjuvant medications. While it is acknowledged that the May 13, 2015 order form on which the article in question was endorsed was not incorporated into the IMR packet, the historical information on file failed to support or substantiate the request. Therefore, the request was not medically necessary.