MAXIMUS Federal Services

Case Number:	CM15-0116239		
Date Assigned:	06/24/2015	Date of Injury:	05/07/2014
Decision Date:	07/24/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/17/2015

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 36-year-old who has filed a claim for chronic low back and leg pain reportedly associated with an industrial injury May 7, 2014.In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced a RFA form received on June 2, 2015 in its determination, along with a progress note of May 11, 2015.The applicant's attorney subsequently appealed. On May 11, 2015, the applicant reported ongoing complaints of low back pain radiating into left leg. The applicant was off work, it was acknowledged. The applicant was on Norco for pain relief. The applicant was apparently intent on pursuing a sacroiliac injection, it was stated in one section of the note. The applicant had undergone earlier failed lumbar spine surgery, it was reported. SI joint injection therapy, Soma, and Lidoderm patches were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patches: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine; Functional Restoration Approach to Chronic Pain Management Page(s): 112; 7.

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 is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there have been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the May 11, 2015 progress note in question made no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the attending provider seemingly refilled the Lidoderm patches at issue on May 11, 2015, without any discussion of medication efficacy. The fact that the applicant remained off work, on total temporary disability, coupled with the fact that the applicant remained dependent on numerous analgesic medications to include Norco and Soma, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the lidocaine patches in question. Therefore, the request was not medically necessary.