

Case Number:	CM15-0123106		
Date Assigned:	07/07/2015	Date of Injury:	01/23/2014
Decision Date:	08/11/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/25/2015

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 57-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of January 23, 2014. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve a request for Lidoderm patches. The claims administrator referenced an RFA form received on June 2, 2015 in its determination, along with an associated RFA form of May 15, 2015. The applicant's attorney subsequently appealed. In a progress note dated June 24, 2015, the applicant reported ongoing complaints of mid and low back pain. Ancillary complaints of shoulder pain were reported. Pins and needle sensations were also reported. The applicant did have complaints of numbness and tingling in various regions, it was suggested. The applicant was using a cane to move about. The applicant was asked to continue Norco, Cymbalta, Lyrica, Pamelor, and naproxen, it was reported. The applicant was placed off of work, on total temporary disability, on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patch 4% #10: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

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

Decision rationale: No, the request for topical lidocaine patches is 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 applicant's ongoing usage of anticonvulsant adjuvant medications and antidepressant adjuvant medications such as Lyrica, Cymbalta, and Pamelor effectively obviated the need for the lidocaine patches in question. Therefore, the request is not medically necessary.