MAXIMUS Federal Services

Case Number:	CM15-0169374		
Date Assigned:	10/02/2015	Date of Injury:	12/31/2014
Decision Date:	11/13/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/27/2015

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 [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 31, 2014. In a Utilization Review report dated July 31, 2015, the claims administrator failed to approve a request for Lidoderm patches. The claims administrator referenced a July 26, 2015 RFA form and associated progress notes of July 7, 2015 and June 18, 2015 in its determination. The applicant's attorney subsequently appealed. On May 19, 2015, the applicant was placed off of work, on total temporary disability, while Diclofenac, Prilosec, epidural steroid injections, and facet injections were sought. Worsening complaints of low back pain were noted. The applicant had apparently gone to the emergency department to ameliorate a flare of low back pain complaint, it was reported. On May 26, 2015, it was stated that the applicant had ongoing complaints of low back pain radiating to lower extremities, 7-8/10. The applicant was on Flexeril, Pamelor, Diclofenac, and Tizanidine, it was stated in various sections of the note. Both Pamelor and Neurontin were endorsed at the bottom of the note. The applicant was asked to pursue an epidural injection. On July 7, 2015, the applicant reported ongoing complaints of low back pain radiating to lower extremities. The applicant was using Pamelor and Tizanidine, it was reported. Pamelor, Percocet, and Lidoderm patches were all endorsed. The applicant's work status was not explicitly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: No, the request for topical Lidoderm 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 has been a trial of first-line therapy with anti-depressants and/or anti-convulsants, here, however, the applicant's concomitant usage of Pamelor, an anti-depressant adjuvant medication, and gabapentin, an anti-convulsant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Therefore, the request is not medically necessary.