

<b>Case Number:</b>	CM15-0177700		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	06/26/2003
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	08/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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] who has filed a claim for chronic low back, shoulder, and neck pain with derivative complaints of depression reportedly associated with an industrial injury of June 26, 2003. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for Lidoderm patches. A July 29, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated October 27, 2015, Fioricet, tramadol, Lidoderm patches, acupuncture, psychological consultation, and Prilosec were endorsed. On an associated progress note dated October 27, 2015, the applicant reported ongoing complaints of low back pain with associated radicular pain complaints. The applicant had apparently alleged development of multifocal pain complaints secondary to cumulative trauma at work. Tramadol, Prilosec, Lidoderm patches, and Fioricet were renewed while the applicant was placed off of work, on total temporary disability. No seeming discussion of medication transpired. The applicant developed derivative complaints of depression and anxiety, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidoderm patches (unknown prescription): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, 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 antidepressants and/or anticonvulsants, here, however, the October 27, 2015 office visit 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 at issue. Both page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability, the treating provider acknowledged on October 27, 2015. The applicant remained dependent on opioid agents such as tramadol and barbiturate-containing analgesics such as Fioricet, the treating provider acknowledged. No seeming discussion of medication efficacy transpired on that date. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request is not medically necessary.