MAXIMUS Federal Services

Case Number:	CM15-0037980		
Date Assigned:	03/06/2015	Date of Injury:	02/16/2011
Decision Date:	04/15/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	02/27/2015

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 49-year-old [redacted] beneficiary who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of February 16, 2011. In a Utilization Review Report dated February 12, 2015, the claims administrator failed to approve topical Lidoderm patches apparently dispensed on or around February 10, 2015.The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, it is incidentally noted, suggested that the last progress note on file was in fact dated January 16, 2015. On April 18, 2014, the applicant reported ongoing complaints of bilateral knee pain, upper back pain, and low back pain with derivative complaints of anxiety, depression, and sleep disturbance. Flexeril, topical Terocin, Norco, and Naprosyn were endorsed. The applicant was receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits at age 38, it was further noted. On January 16, 2015, the applicant presented with ongoing complaints of knee and back pain. The applicant's pain complaints comprised largely of mechanical knee pain reportedly attributed to knee arthritis and/or internal derangement of the knees. Tramadol, Flexeril, Naprosyn, Protonix, and Lidoderm were endorsed. The applicant's low back pain was described as diskogenic, axial, and nonradicular.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Patches 5% #60: Upheld

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

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

Decision rationale: No, the request for Lidoderm 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 Lidoderm 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. In this case, however, the applicant's presentation as of January 16, 2015 was suggestive of mechanical knee pain and axial low back pain, i.e., conditions which are not classically associated with neuropathic pain, which, per page 3 of the MTUS Chronic Pain Medical Treatment Guidelines, is characterized by numbing, lancinating, electric-shock like, and/or burning sensations. None of the aforementioned symptoms were evident on or around the date in question, January 16, 2015. It is further noted that there was no mention made of the applicant's having previously tried and/or failed first-line antidepressant adjuvant medications and/or anticonvulsant adjuvant medications. Therefore, the request was not medically necessary.