MAXIMUS Federal Services

Case Number:	CM15-0040634		
Date Assigned:	03/10/2015	Date of Injury:	10/07/1998
Decision Date:	05/26/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/03/2015

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 65-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 7, 1998.In a Utilization Review report dated February 13, 2015, the claims administrator failed to approve a request for lidocaine pads. The claims administrator referenced a December 18, 2014 progress note in its determination. The applicant's attorney subsequently appealed.On March 9, 2015, the applicant reported ongoing complaints of low back pain and leg pain. The applicant’s medications included Lasix, Zocor, aspirin, Zestril, Restoril, Norco, Fioricet, Lopressor, and Nexium, it was acknowledged. The applicant had undergone earlier failed lumbar fusion surgery, it was reported. On December 18, 2014, it was stated that the applicant was working on a part-time basis, at a rate of six hours a day. The applicant was using Zocor, Lasix, aspirin, Zestril, Coumadin, Norco, and Lopressor, it was acknowledged. The December 18, 2014 progress note seemingly made no mention of Lidoderm patches. Lumbar MRI imaging and Norco, however, were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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 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 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, in this case, however, there was no mention of the applicant's having tried and/or failed anticonvulsant adjuvant medications or antidepressant adjuvant medications in the December 18, 2014 progress note at issue. Said progress note contained no explicit references to introduction, selection, and/or ongoing usage of Lidoderm patches. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider's choice of pharmacotherapy should be based on the type of the pain to be treated and/or pain mechanism involved. Here, however, no rationale was furnished so as to justify introduction, selection, and/or ongoing usage of the Lidoderm patches in question. Therefore, the request was not medically necessary.