

Case Number:	CM15-0093290		
Date Assigned:	05/19/2015	Date of Injury:	07/29/1981
Decision Date:	06/24/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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 58-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of July 29, 1981. In a Utilization Review report dated May 4, 2015, the claims administrator denied a request for topical Lidoderm patches. An April 30, 2015 RFA form and an associated April 10, 2015 progress note were referenced in the determination. The applicant's attorney subsequently appealed. In a April 30, 2015 RFA form, topical Lidoderm patches were endorsed. In an associated progress note of April 10, 2015, it was stated that the applicant had retired. The applicant was reportedly using a TENS unit, Ambien, and Norco, it was reported. A pain management referral was suggested. There was no explicit mention of the applicant's using topical Lidoderm patches on this particular progress note. In an RFA form dated February 2, 2015, topical Dendracin cream was endorsed. In a March 13, 2015 progress note, the applicant reported multifocal complaints of mid and low back pain. The applicant was asked to continue Norco, Ambien, and TENS unit. The applicant was, once again, described as retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Box (30) Lidoderm 5% patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch).

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

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, here, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications and/or anti-convulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the Lidoderm patches at issue. Little-to-no narrative commentary accompanied the request for authorization. Therefore, the request was not medically necessary.