

Case Number:	CM14-0202944		
Date Assigned:	12/15/2014	Date of Injury:	04/23/1996
Decision Date:	12/03/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/04/2014

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 61-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of April 23, 1996. In a Utilization Review report dated December 3, 2014, the claims administrator failed to approve a request for topical Lidoderm patches. The claims administrator referenced an RFA form received on November 21, 2014 in its determination, along with an associated progress note dated November 14, 2014. The claims administrator did not seemingly incorporate any guidelines into its rationale. The applicant's attorney subsequently appealed. On November 14, 2014, the applicant reported ongoing complaints of neck and upper back pain. The applicant had undergone multiple prior cervical spine surgeries, it was reported. The applicant had received trigger point injections, facet injections, and epidural steroid injections, the treating provider reported. The applicant also had had physical therapy and acupuncture in unspecified amounts over the course of the claim, the treating provider reported. The attending provider contended that the applicant would stay at home all day without medications and contended that the applicant's medications were permitting "minimal activities" outside of the house and/or performance of unspecified chores around the home. The applicant's medications include Zocor, Levoxyl, chlorthalidone, Advil, Zestril, Zanaflex, Lidoderm patches, Cymbalta, Topamax, and Nucynta, it was reported. Multiple medications were renewed, including Lidoderm patches at issue. The applicant's permanent work restrictions were likewise renewed. It was not explicitly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch (Lidoderm) 5% #60, 30 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Introduction.

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 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 applicant's concomitant usage of Cymbalta, an antidepressant adjuvant medication, effectively obviated the need for the Lidoderm patches at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines further stipulate that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, permanent work restrictions were renewed on November 14, 2014, unchanged from prior visit. It did not appear that the applicant was working with said limitations in place. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on a variety of opioid and non-opioid agents to include Nucynta, Celebrex, Cymbalta, Zanaflex, etc. 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 was not medically necessary.