

Case Number:	CM13-0002589		
Date Assigned:	02/28/2014	Date of Injury:	04/07/2013
Decision Date:	04/14/2014	UR Denial Date:	07/09/2013
Priority:	Standard	Application Received:	07/22/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a patient with a date of injury of April 7, 2013. A utilization review determination dated June 24, 2013 recommends a non-certification of topical lighted durum application. Non-certification is recommended due to lack of documentation of neuropathic pain. A progress report dated June 19, 2013 indicates subjective complaints including low back pain which have diminished some since being away from work. The note indicates that the patient is using Lidoderm patch and Norco. Physical examination identifies posterior tenderness in the sacroiliac area. Assessment includes L5-S1 facet arthrosis and bilateral sacroiliac arthritis. The treatment plan indicates that the patient has undergone radiofrequency ablation with some relief, and it appears that the patient has arthritis involving the sacroiliac joints. Due to the mechanism of injury, there is concern regarding sacroiliac arthritis. The note goes on to recommend continuing Naprosyn and consulting pain management. The requesting physician recommends refilling Lidoderm patches for topical pain relief since these have been helpful for her.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL LIDODERM APPLICATION, 5%, 90 FOR 30 DAYS WITH 3 REFILLS:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section, Lidocaine Indication: Neuropathic Pain.

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

Decision rationale: Regarding request for topical lidocaine, guidelines the state that it is recommended for localized peripheral pain after there is evidence of a trial of first-line therapy. Within the documentation available for review, there is no documentation of localized peripheral pain with evidence of failure of first-line therapy as recommended by guidelines prior to the initiation of topical lidocaine. The request for topical lidoderm application, 5%, ninety for thirty days with three refills is not medically necessary or appropriate.