

Case Number:	CM13-0063174		
Date Assigned:	12/30/2013	Date of Injury:	05/02/2000
Decision Date:	06/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/09/2013

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 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:

According to the records made available for review, this is a 60-year-old male with an 11/21/13 date of injury. At the time of request for authorization for 60 Lidocaine pads 5%, there is documentation of subjective findings of more low back pain lately, pain mostly in the medial anserine area and objective findings of tenderness with palpation in the medial anserine area. The current diagnoses is history of low back pain, history of lumbar myofascial pain, history of bilateral sacroilitis, history of facet joint arthritis, right knee pain with evidence of significant arthritic changes, and chondromalacia. The treatment to date is medication and acupuncture. There is no documentation of neuropathic pain after there has been evidence of failure of a trial of first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE PAD 5%, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines, Lidoderm Patches

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain after there has been evidence of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica), as criteria necessary to support the medical necessity of a Lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of history of low back pain, history of lumbar myofascial pain, history of bilateral sacroiliitis, history of facet joint arthritis, right knee pain with evidence of significant arthritic changes, and chondromalacia. In addition, there is documentation of subjective (a lot more low back pain lately, pain mostly in the medial anserine area) and objective (tenderness with palpation in the medial anserine area) findings. However, there is no documentation of neuropathic pain after there has been evidence of failure of a trial of first-line therapy. Therefore, based on guidelines and a review of the evidence, the request for 60 Lidocaine pads 5% is not medically necessary.