

<b>Case Number:</b>	CM13-0069083		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	04/29/2010
<b>Decision Date:</b>	04/21/2014	<b>UR Denial Date:</b>	12/17/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 physician 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:

The patient is a 38-year-old female who reported an injury on 04/29/2010. The patient is a police officer who was drug approximately 6 feet during a traffic stop. The patient is currently diagnosed with failed back surgery syndrome, medication dependence, and anxiety disorder. The patient was seen by [REDACTED] on 10/14/2013. It is noted that the patient underwent L4 through S1 fusion in 2011, followed by hardware removal in 2012. The patient has been previously treated with multiple medications as well as a functional restoration program. The patient reported 8/10 pain. Physical examination only revealed mild distress with an anxious and tearful mood. Musculoskeletal examination was deferred. Treatment recommendations included continuation of current medication, an EKG and complete metabolic profile, and a Lidocaine infusion for 2 hours.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine drip procedure at [REDACTED]:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines state Lidocaine is a local anesthetic. Lidocaine is also utilized as a topical patch, which is recommended for localized peripheral pain and neuropathic pain. Formulations that do not involve a dermal patch system are generally indicated as local anesthetics and antipyretics. As per the documentation submitted, the patient has been previously treated with an anticonvulsant and an antidepressant. However, there are no guideline recommendations for Lidocaine as a continuous drip procedure. The patient's physical examination was not provided on the requesting date of 10/14/2013. The medical necessity has not been established. The current request cannot be determined as medically appropriate. Therefore, the request is non-certified.