

Case Number:	CM14-0105240		
Date Assigned:	09/12/2014	Date of Injury:	11/06/2000
Decision Date:	10/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	07/07/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The records, presented for review, indicate that this 60-year-old male was reportedly injured on November 6, 2000. The most recent progress note, dated June 16, 2014, indicated that there were ongoing complaints of knee and back pains. The physical examination demonstrated a slightly hypertensive individual with a blood-pressure of 136/83. Deep tendon reflexes were normal and sensation was normal. Strength was documented as being normal throughout. There was tenderness palpation throughout the upper trapezius muscles and the cervical spine. Tenderness to palpation was also noted of the low back and sacroiliac joints. There was no documented weakness. No diagnostic imaging studies were reviewed in this progress note nor were any radiologist reports provided. Previous treatment included acupuncture, physical therapy, laser therapy, and a home exercise program. The clinician did not address the topic of oral medications in this document. Current medications include gabapentin, lidocaine, Flexeril, Celebrex, and Vicodin. A request had been made for topical lidocaine and was not certified in the pre-authorization process on June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5%, no Quantity Indicated: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Lidoderm Patches; Criteria for Use of Lidoderm Patches; Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113 of 127.

Decision rationale: The Chronic Pain Medical Treatment Guidelines support the use of topical lidocaine for individuals with evidence of peripheral neuropathic pain that has not responded to first-line medications including antidepressants and anticonvulsants. The clinical documentation provided on June 19, 2014 indicates that the claimant is currently utilizing anticonvulsant medication. There is no documented peripheral neuropathic pain on physical examination based on the progress notes presented. Additionally, there was no evidence of radiculopathy on exam or on the diagnosis list. Given the lack of documented failure of anti-epileptics and antidepressants (first-line medications), as well as the absence of peripheral neuropathic pain on examination; there is no clinical basis to support this request. The request is considered not medically necessary.