

Case Number:	CM14-0108505		
Date Assigned:	08/01/2014	Date of Injury:	06/26/2009
Decision Date:	10/10/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/14/2014

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 and is licensed to practice in Nevada. 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 42 year-old female was reportedly injured on June 26, 2009. The mechanism of injury is noted as prolonged sitting. The most recent progress note, dated July 24, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated a normotensive (102/64) 5'4" 150 pound individual with no evidence of medication induced somnolence. The physical examination of low back noted a moderate muscle tension with spasms in the paraspinal musculature. A decrease in lumbar spine range of motion is reported. Straight leg raising is reported to be positive on the right. Diagnostic imaging studies reportedly noted multiple level disc herniations at L4-L5 & L5-S1 and a diagnosis of radiculopathy is also reported. Previous treatment includes medications, pain management interventions and a spinal cord stimulator. A request had been made for topical Lidocaine and was non-certified in the pre-authorization process on June 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: MTUS guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Review of the available medical records fails to document signs or symptoms consistent with neuropathic pain, a specific pain generator that would be characterized as a neuropathic pain lesion or a trial of first-line medications. As such, there is insufficient clinical information presented to support the medical necessity of this request.