MAXIMUS Federal Services

Case Number:	CM14-0108858		
Date Assigned:	08/01/2014	Date of Injury:	07/02/2009
Decision Date:	10/24/2014	UR Denial Date:	06/19/2014
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 & Rehabilitation and is licensed to practice in Texas and Ohio. 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 injured worker is a 57-year-old male who reported an injury on 12/11/2007. The mechanism of injury was not specified. His diagnoses were degenerative lumbar lumbosacral disease, lumbago, chronic bilateral knee osteoarthritis, chronic painful bilateral posterior tibial insufficiency, and chronic pain related to insomnia. His previous treatments included a gym membership and injection. His diagnostics included x-rays of the left knee and of the hip. His previous surgeries were not provided. On 06/17/2014, the injured worker complained of low back pain, lateral knee arthralgia, and ankle/foot pain. The physical examination revealed tenderness to palpation to the lumbosacral spine, limited extension and lateral bend, negative straight leg raise, and he ambulated with a cane. His medications included Lunesta 2 mg, Furosemide 20 mg, Celebrex 200 mg, Vicodin 5/300 mg, Xanax 1 mg, Doxazosin 2 mg, Losartan/hydrochlorothiazide 100/25 mg, Ambien CR 12.5 mg, Lidoderm 5% patch, Vicodin ES 7.5/300 mg, and zolpidem 10 mg. The treatment plan was for 5% lidocaine patch 30 day supply, quantity 90. The rationale for the request and the Request for Authorization form were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% day supply 30 Qty 90: Upheld

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

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

Decision rationale: Based on the clinical information submitted for review, the request for lidocaine pad 5% supply 30 quantity 90 is not medically necessary. As stated in the California MTUS Guidelines, topical lidocaine is not a first line treatment and is only FDA-approved for postherpetic neuralgia. It may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic, or SNRI antidepressants, or an AED such as gabapentin or Lyrica). The injured worker reported low back pain and left knee pain. The guidelines indicate that topical lidocaine is only FDA-approved for postherpetic neuralgia, which there was a lack of information stating that the injured worker suffered from neuralgia. Furthermore, the guidelines suggest that it may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy to include a tricyclic or SNRI antidepressant or an antiepileptic drug such as gabapentin or Lyrica, however, there was insufficient clinical documentation that showed that the injured worker had failed a trial of antidepressants or antiepileptic drugs. Also, the request failed to provide the frequency of the medication as prescribed and how it would be used. As such, the request for lidocaine pad 5% supply 30 quantity 90 is not medically necessary.