

Case Number:	CM14-0016298		
Date Assigned:	03/05/2014	Date of Injury:	04/19/1991
Decision Date:	04/30/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/10/2014

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 Internal Medicine and Pulmonary Diseases 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 patient is a 50-year-old female who reported an injury on 04/19/1991. The mechanism of injury was not provided in the medical records. The patient was diagnosed with lumbosacral neuritis, unspecified. The patient was noted to have moderate tenderness to palpation in the pelvic brim and junction bilaterally. Bilateral sciatic notch tenderness was noted to be mild on the left, and moderate on the right. The patient's range of motion was noted to be forward flexion of 50 degrees and extension 30 degrees. Previous treatment included the use of a TENS unit and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patch, QTY 60/30, 1 every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indications. Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Section on Topical Analgesics Page(s): 112.

Decision rationale: According to the California MTUS Guidelines, Lidocaine in a transdermal application is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy such as, a tricyclic or selective nerve

root injection antidepressant or an AED, such as gabapentin or Lyrica. No other commercially approved topical formulations of Lidocaine whether creams, lotions, or gels are indicated for neuropathic pain. Non dermal patch formulations are generally indicated as local anesthetics and antipyretics. The most recent clinical note provided indicated the patient is currently on Neurontin 300 mg 1 cap 3 times daily. However, the documentation failed to provide evidence that this medication has not been effective and would warrant the need for the requested medication. Therefore, the request for MED Lidocaine 5% patch, QTY 60/30 1 every 12 hours is non-certified.