

Case Number:	CM14-0144962		
Date Assigned:	09/12/2014	Date of Injury:	01/24/2010
Decision Date:	12/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/08/2014

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 Pain Management, has a subspecialty in Interventional Spine 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 52 year old female with an injury date on 01/24/2010. Based on the 07/22/2014 progress report provided by the treating physician, the diagnoses are: 1. Arthrodesis, L4 through the sacrum 2. Facet arthrosis and facet syndrome, L2-3 and L3-4, status post medial branch neurotomies on May 28, 2014 3. Bilateral sacroiliac joint arthrodesis 4. Possible loosening of the right fixation in the sacroiliac joint 5. Psychologic factors affecting clinical condition According to this report, the patient complains of right side-buttock pain with activity. Objective findings indicate "tenderness over the PSIS on the right and some positive finding of SI joint pain. "There were no other significant findings noted on this report. The utilization review denied the request for Lidocaine Pad 5% Day Supply: 15 Qty: 30 on 09/02/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 03/14/2014 to 07/22/2014.

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:15 Qty:30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines chronic pain section Page(s): 111-113.

Decision rationale: According to the 07/22/2014 report, this patient presents with right side-buttock pain with activity. Per this report, the current request is for Lidocaine Pad 5% Day Supply: 15 Qty: 30 to apply "to the painful area." Lidoderm patch was first mentioned in this report and it is unknown exactly when the patient initially started use this patches. The MTUS guidelines state that Lidoderm patches may be recommended for neuropathic pain that is peripheral and localized when trials of antidepressants and anti-convulsants have failed. Review of the reports show that the patient has localized sacroiliac joint pain without neuropathic pain. ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case the treating physician has not documented that a trial of anti-depressants and anti-convulsion has failed and there is no clear documentation of neuropathic pain. Lidoderm is not indicated for axial spinal pains. Recommendation is for denial.