

Case Number:	CM14-0038958		
Date Assigned:	06/04/2014	Date of Injury:	06/07/2012
Decision Date:	07/31/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 Management 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:

This is a patient with a date of injury of 6/7/12. A utilization review determination dated 3/20/14 recommends non-certification of Lidocaine pad and Flector. The 3/18/14 medical report identifies low back pain with point tenderness and occasionally LLE pain and numbness. On exam, there is limited ROM and tenderness with a positive jump sign. The provider recommended trigger point injections, Gabapentin, Oxycodone, and UDS.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE PAD 5%, #30 DISPENSED 02-03-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Regarding the request for Lidocaine pad, California MTUS notes that topical Lidocaine is Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Within the documentation available for review, there is no documentation of localized peripheral neuropathic pain and failure of first-line therapy, as the patient was noted to be

continuing treatment with Gabapentin. In light of the above issues, the currently requested Lidocaine pad is not medically necessary.

FLECTOR DIS 1.3%, #30 DISPENSED 01-12-14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112 of 127.

Decision rationale: Regarding the request for Flector, California MTUS cites that topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Within the documentation available for review, none of the above mentioned criteria have been documented. In the absence of such documentation, the currently requested Flector is not medically necessary.

LIDOCAINE PAD %5, #30 DISPENSED 01-12-14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: Regarding the request for Lidocaine pad, California MTUS notes that topical Lidocaine is Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Within the documentation available for review, there is no documentation of localized peripheral neuropathic pain and failure of first-line therapy, as the patient was noted to be continuing treatment with Gabapentin. In light of the above issues, the currently requested Lidocaine pad is not medically necessary.