MAXIMUS Federal Services

Case Number:	CM14-0068306		
Date Assigned:	07/14/2014	Date of Injury:	10/15/2012
Decision Date:	09/09/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/13/2014

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 Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant sustained a work injury on 10/15/12 while working as a massage therapist when she was struck by a door opened by another employee which caught her left foot pushing it outward. She had injuries to the left hip, knee, and ankle and then developed low back and abdominal/groin pain. Treatments have included physical therapy, chiropractic care, acupuncture, and medications. A magnetic resonance imaging (MRI) of the left hip on 03/05/13 showed findings of bilateral trochanteric bursitis and mild left hamstring tendinosis. An MRI of the lumbar spine on 04/29/14 included findings of bilateral L4-5 facet effusions and Grade I L4/5 anterolisthesis. She was seen by the requesting provider on 02/27/14 with ongoing left hip, knee, and ankle pain. Prior medications had included amitriptyline. Physical examination findings included decreased spinal range of motion with bilateral multilevel lumbar paraspinal muscle tenderness. There was bilateral trochanteric tenderness and slight swelling and tenderness of the left knee and left ankle. Tramadol and Lidoderm were prescribed. Acupuncture treatments were requested. On 04/03/14 she was having ongoing symptoms. She had a hour walking tolerance before developing left leg pain. Physical examination findings now also included tenderness over the left sacroiliac joint. Medications were refilled. She was continued at modified duty with standing/walking up to one half hour continuously, lifting restricted to up to 25 pounds, repetitive bending or twisting restricted in total, and forceful pushing or pulling restricted in total.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm Lidocaine patch 5% #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch). (2) Topical Analgesics Page(s): p111-113 p56-57.

Decision rationale: The claimant is nearly two years status post work-related injury and continues to be treated for chronic lumbar spine and lower extremity pain. Lidoderm was prescribed without specific application instructions. The claimant has previously be treated with a tricyclic antidepressant.In terms of topical treatments, topical lidocaine in a formulation that does not involve a dermal-patch system could be recommended for localized peripheral pain. However, this claimant does not have localized pain. Lidoderm is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Treatment is not medically necessary and appropriate.