

Case Number:	CM14-0068798		
Date Assigned:	07/14/2014	Date of Injury:	03/07/2006
Decision Date:	09/26/2014	UR Denial Date:	04/23/2014
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 Anesthesiology, has a subspecialty in Pain Management, and is licensed to practice in Georgia. 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 is a 40 year old female presenting with work related injury on 03/07/2006. The claimant is status post lumbar spine fusion at L4-5 in 1/2012. The claimant had multiple spinal injections with steroids. On 1/24/2014, the claimant complained of increased cervical spine and lumbar pain rated 10/10. The pain is constant burning and stabbing in the neck radiating to the bilateral shoulder down to her fingers with associated numbness and tingling sensation. The claimant also reported burning pain that radiated to the bilateral leg to her knees with associated numbness. The physical exam showed wide based gait, difficulty with heel-toe walk secondary to low back pain; decreased normal lordosis; moderate cervical paraspinous muscle tenderness and spasm extending to the trapezius, positive axial head compression and Spurling sign bilaterally; facet tenderness at C3 through C7; decreased sensation in the C5-6 dermatomes bilaterally. Lumbar spine showed moderate lumbar paraspinous muscle tenderness, moderate facet tenderness at the L4-S1; positive Kemp's Test and Farfan bilaterally, decreased lumbar spine range of motion of the bilateral lower extremities. The claimant was diagnosed with cervical disc disease, cervical radiculopathy, cervical facet syndrome, status post L4-5 fusion, lumbar disc disease, lumbar radiculopathy, lumbar facet syndrome, bilateral sacroiliac joint arthropathy, chronic pain anxiety and depression. A claim was placed for retrospective date of service 01/30/2014 lidocaine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for date of service 01/30/2014, Lidocaine (duration unknown and frequency unknown): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

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

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines do not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." Additionally, per the California MTUS, topical analgesics such as lidocaine are "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended. The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. Per the MTUS, topical analgesics such as Lidocaine are not recommended for non-neuropathic pain. As such, the request is not medically necessary.