MAXIMUS Federal Services

Case Number:	CM14-0097417		
Date Assigned:	07/28/2014	Date of Injury:	01/09/2010
Decision Date:	09/19/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/25/2014

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, 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 41-year-old male with a date of injury of 01/09/2010. The listed diagnoses per [redacted] are:1. Neuropathic sciatica nerve neuropathy.2. Right gluteal pain and right hamstring pain.According to progress report 05/13/2014, the patient complains of right leg/foot pain with paresthesia and weakness of the right foot in the dorsiflexion. The provider states the patient is stable with the daily exercise, and physical therapy has not yet started. The patient's medication regimen includes Methadone, Naproxen, Norco, and Lidoderm patches. Examination revealed tenderness to palpation over the lumbar spine paraspinal muscles and gluteus muscles, right greater than left. The provider is requesting a refill of lidocaine patches 5% #30. Utilization Review denied the request on 05/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Patches 5% #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: This patient presents with right leg/foot pain with paresthesia and weakness of the right foot in the dorsiflexion. The provider is requesting a refill of lidocaine patches 5% #30. MTUS guidelines page 57 states, "topical lidocaine may be 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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. This patient does not present with localized peripheral pain. Therefore, this request is not medically necessary.