

Case Number:	CM14-0198543		
Date Assigned:	12/08/2014	Date of Injury:	11/16/2011
Decision Date:	05/01/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 58 year old female, who sustained an industrial injury on 11/16/11. She reported right hip pain and right leg pain. Numbness and tingling that radiated down the back of the right leg and thigh were noted. The injured worker was diagnosed as having osteoarthritis of the right hip, lumbar spine sprain/strain, disc degeneration of the lumbar spine L4-5 and L5-S1 per MRI, and lumbar spine radiculopathy. Treatment to date has included medication. A nerve conduction velocity/electromyogram obtained on 6/16/14 was noted to be within normal limits. Mild right L5-S1 radiculopathy was noted. Currently, the injured worker complains of lumbar spine pain and right lower extremity pain. The treating physician requested authorization for Lidoderm 5% patch #30. The treatment plan was to continue the current medication regimen. Chiropractic and physiotherapy 2x6 for the lumbar spine was planned.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5 Percent Patch #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: This patient presents with lumbar spine pain that rated as an 8/10 per 10/13/14 report. The request is for Lidoderm 5 Percent Patch #30 on 10/13/14. The patient may work with the restrictions per 10/13/14 report. 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. In this case, the patient diagnosed with lumbar radiculopathy right leg per 10/13/14 report, but no localized neuropathic pain for which topical lidocaine is indicated. Radicular pain is diffuse peripheral pain, not amenable to topical products. Lidocaine is not indicated for axial spinal pain. The request Is Not medically necessary.