

Case Number:	CM14-0199723		
Date Assigned:	12/10/2014	Date of Injury:	09/19/2009
Decision Date:	03/04/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/01/2014

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 55 year old female who was injured on 9/19/2009. The diagnoses are lumbar stenosis, lumbar radiculopathy and low back pain. The 2014 MRI of the lumbar spine showed multilevel facet arthropathy, spinal stenosis levoscoliosis and spondylolisthesis. The patient reported improved pain relief following the 7/24/2014 epidural steroid injection. On 9/18/2014, [REDACTED] noted subjective complaint of low back pain. There was objective finding of positive straight leg raising test on the left with normal motor, sensory and reflex tests. The medication gel was prescribed to be used when utilizing the back brace. The medications listed are Norco, Naprosyn and Lidocaine pad. A Utilization Review determination was rendered on 11/12/2014 recommending non certification for Lidocaine pad 5% Day supply 30 #90 Refills 3

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% Days supply 30 QTY: 90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized for the treatment of localized neuropathic pain that did not respond to treatment with first line anticonvulsant and antidepressant medications. The records did not indicate that the patient had subjective and objective findings consistent with neuropathic pain. The patient did not fail first line medications. The records indicate that the medication was being utilized to make the lumbar brace more comfortable. This is not a guideline approved use for Lidocaine pad. The criteria for the use of Lidocaine pad 5% 30 days #90 3 Refills was not met.