MAXIMUS Federal Services

Case Number:	CM15-0103261		
Date Assigned:	06/05/2015	Date of Injury:	01/18/2011
Decision Date:	07/08/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	05/29/2015

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: Emergency Medicine

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 36 year old female, who sustained an industrial injury on 1/18/11. The injured worker has complaints of flare-ups in her lumbar spine with moderate to severe pain in her lumbar spine that occasionally radiates through her right buttock to her right leg with associated numbness and tingling sensations. The documentation noted on examination of the lumbar spine reveals palpable tenderness with associated myospasms. The documentation noted there were sensory deficits noted at the right S1 (sacroiliac) nerve root distribution. The diagnoses have included lumbar spine pain; lumbar spine sprain and lumbar spine stenosis. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine showed evidence of moderate bilateral neural foraminal stenosis at L3-L4, L4-L5 and L5-S1 (sacroiliac) and posterior disc bulges at L3-L4, L4-l5 and L5-S1 (sacroiliac) with degenerative changes. The request was for lidocaine pad 5% day supply, 15 quantity 15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% day supply: 15 qty: 15: 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 Lidoderm, Pages 56-57 Page(s): 56-57.

Decision rationale: The requested Lidocaine pad 5% day supply: 15 qty: 15, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has complaints of flare-ups in her lumbar spine with moderate to severe pain in her lumbar spine that occasionally radiates through her right buttock to her right leg with associated numbness and tingling sensations. The documentation noted on examination of the lumbar spine reveals palpable tenderness with associated myospasms. The documentation noted there were sensory deficits noted at the right S1 (sacroiliac) nerve root distribution. The treating physician has not documented failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine pad 5% day supply: 15 qty: 15 is not medically necessary.