

Case Number:	CM15-0133319		
Date Assigned:	07/21/2015	Date of Injury:	11/18/2014
Decision Date:	08/17/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	07/10/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 28 year old female who sustained an industrial /work injury on 11/18/14. She reported an initial complaint of lower back, thigh, bilateral hand and wrist pain. The injured worker was diagnosed as having lumbosacral radiculopathy. Treatment to date includes medication and diagnostics. EMG/NCV (electromyography and nerve conduction velocity test was done on 5/27/15. Currently, the injured worker complained of lower back pain rated 4-8/10 without medications, intermittent pain and numbness in the right leg. Per the neurological consultation on 5/27/15, exam noted normal motor function, normal heel to toe and tandem gait, sensation, and muscle strength. The requested treatments include Lidocaine pad 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #90: Upheld

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

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

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). Lidocaine has been designated for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. In this case the claimant did not have the above diagnoses. The claimant had been on oral medications without indication of reduction with Lidocaine use. The Lidocaine pad is not medically necessary.