MAXIMUS Federal Services

Case Number:	CM15-0140758		
Date Assigned:	07/30/2015	Date of Injury:	02/19/2003
Decision Date:	09/02/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/20/2015

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: 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 38 year old female who sustained an industrial injury on 02-19-2003. Mechanism of injury was an automobile accident. Diagnoses include mild shin myositis and lumbar sprain. Treatment to date has included diagnostic studies, medications, and S1 block. A computed tomography of the pelvis, done on 02-28-2003 revealed left side of the sacrum and puboacetabular junction is in keeping with stress type, incomplete fractures. On 10-28-2003 a Magnetic Resonance Imaging of the lumbar spine showed mild disc bulge at L4-5 and narrowing of the disc space height. Her medications include Tramadol, Mobic, Lidoderm patches and Tylenol. A physician progress note dated 06-26-2015 documents the injured worker has pain in the lower back and left groin area. The change from Norco to Tramadol worked great. She is taking it three times a day. Her pain is worst in the evenings and night. She rates her pain on average is rated 1 to 5 out of 10 and with medications and it is 1-5 out of 10, and without medications her pain is rated 3-8 out of 10. Treatment requested is for Lidocaine pad 5%, 30 day supply, and #30 with 6 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5%, 30 day supply, #30 with 6 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch).

Decision rationale: The patient was injured on 02/19/13 and presents with lumbar spine pain. The request is for LIDOCAINE PAD 5%, 30 DAY SUPPLY, #30 WITH 6 REFILLS. The RFA is dated 06/24/15 and the patient is not working. The patient has been using Lidocaine pad as early as 11/05/14. MTUS Guidelines, under Lidoderm (lidocaine patch), page 57 states, "Topical lidocaine may be recommended for a localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants, or an AED such as gabapentin or Lyrica)." MTUS Guidelines, under Lidocaine, page 112 also states, "Lidocaine indication: Neuropathic pain, recommended for localized peripheral pain." ODG Guidelines, Pain (Chronic) Chapter, under Lidoderm (Lidocaine Patch) specifies that the Lidoderm patches are indicated as a trial if there is "evidence of localized pain that is a 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. MTUS page 60 required recording of pain and function when medications are used for chronic pain. The patient's objective findings are not clear. She is diagnosed with mild shin myositis and lumbar sprain. Treatment to date has included diagnostic studies, medications, and S1 block. The 11/05/14 report states that Lidocaine Patches reduce pain by 50% and improves self-care, walking, sitting, and work. In this case, the patient does not have any documentation of localized neuropathic pain as required by MTUS Guidelines. Therefore, the requested Lidocaine pad 5% IS NOT medically necessary.