MAXIMUS Federal Services

Case Number:	CM15-0142924		
Date Assigned:	08/03/2015	Date of Injury:	01/22/2010
Decision Date:	09/08/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/23/2015

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 33 year old female, who sustained an industrial injury on 1-22-2010. The mechanism of injury was a slip and fall. The injured worker was diagnosed as having rule out herniated nucleus pulposus and right ankle sprain. There is no record of a recent diagnostic study. Treatment to date has included therapy and medication management. In a progress note dated 6-25-2015, the injured worker complains of low back pain radiating to the right lower extremity and sleeping difficulty. Physical examination showed right lumbosacral tenderness. The treating physician is requesting Lidoderm 5% #30 and Psychiatric treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% #30: Upheld

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

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

Decision rationale: The patient presents with right foot, right ankle and low back pain. The request is for LIDODERM 5% #30. The request for authorization is dated 06/25/15. The patient is status post right ankle synovectomy and chondroplasty, 03/18/13. MRI of the lumbar spine, 09/07/11, shows 5mm HNP L4-5 right. Physical examination of the lumbar reveals tenderness is noted centrally and to right of mid-line at L5-S1. Lumbar ROM, with flexion, severe RLBP and radiation down lateral right thigh and calf. Exam of the ankles reveal she is tender over the anterior fibular-talar and calcaneal-fibular ligaments as well as mid right plantar fascia. Patient's medications include Tizanidine, Norco, Tylenol and Lidoderm Patch. Per progress report dated 07/23/15, the patient is TTD.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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." ODG guidelines, Pain (Chronic) Chapter under Lidoderm (lidocaine patch) states: "Recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology...A Trial of patch treatment is recommended for a short-term period (no more than four weeks)...This medication is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points...The area for treatment should be designated as well as number of planned patches and duration for use (number of hours per day)...Continued outcomes should be intermittently measured and if improvement does not continue, lidocaine patches should be discontinued." Per progress report dated 05/05/15, treater's reason for the request is "She also applies a Lidocaine patch on the foot every two days." The patient has been prescribed Lidoderm Patch since at least 05/05/15. In this case, the patient continues with localized peripheral pain. However, treater does not discuss or document pain reduction and functional improvement with use of Lidoderm Patches as required by ODG. Therefore, the request IS NOT medically necessary.

Psych Treatment: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: The patient presents with right foot, right ankle and low back pain. The request is for PSYCH TREATMENT. The request for authorization is dated 06/25/15. The patient is status post right ankle synovectomy and chondroplasty, 03/18/13. MRI of the lumbar spine, 09/07/11, shows 5mm HNP L4-5 right. Physical examination of the lumbar reveals tenderness is noted centrally and to right of mid-line at L5-S1. Lumbar ROM, with flexion, severe RLBP and radiation down lateral right thigh and calf. Exam of the ankles reveal she is tender over the anterior fibular-talar and calcaneal-fibular ligaments as well as mid right plantar fascia. Patient's medications include Tizanidine, Norco, Tylenol and Lidoderm Patch. Per progress report dated 07/23/15, the patient is TTD. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise."

Per progress report dated 06/25/15, treater's reason for the request is "She is now requesting continuation of Psych care which she is currently undergoing." Per progress report dated 02/09/15, patient's diagnosis includes Severe Major Depressive Disorder without Psychotic Features. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested a Psych treatment. Given the patient's condition, the request for a Psych Treatment appears reasonable. Therefore, the request IS medically necessary.