

Case Number:	CM15-0146207		
Date Assigned:	08/07/2015	Date of Injury:	06/08/2015
Decision Date:	09/03/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	07/28/2015

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 59 year old female, who sustained an industrial injury on June 8, 2015. She reported a slip and fall landing on her buttocks. The injured worker was diagnosed as having cervical sprain strain, multiple cervical subluxation, cervicalgia, cervical myalgia, neuritis, upper extremity weakness, thoracic sprain strain, thoracic subluxation, thoracalgia, thoracic myospasm, thoracic myalgia, lumbar sprain strain, lumbar subluxation, lumbago, lumbar myospasm, lumbar myalgia, leg muscle weakness, shoulder sprain strain, upper extremity joint pain-multiple joints, elbow sprain strain, wrist sprain strain, lower extremity tissue pain, knee sprain strain, sacroiliac subluxation, abdomen torso contusions, elbow arm and wrist contusions and hand and fingers contusions . Treatment to date is unknown. On July 31, 2015, the injured worker reported her symptoms to be constant. Her pain was noted to be in her lower back, left shoulder, left knee, right forearm and right hand. She rated her pain as a 5-7 on a 1-10 pain scale. The treatment plan included a trail of six visits of conservative chiropractic treatment. On July 23, 2015, Utilization Review non-certified the request for Lidocaine pad 5% #90, citing California MTUS Guidelines.

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 Lioderm Page(s): 90.

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. 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). In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidocaine pads is not recommended. The request in using Lidocaine as above is not medically necessary.