

Case Number:	CM15-0166705		
Date Assigned:	09/04/2015	Date of Injury:	04/03/2012
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/25/2015

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 44 year old female who sustained an industrial injury on 4-3-2012. She slipped and fell to her left side of her body striking her left knee and left elbow onto the ground. She has reported low back pain and has been diagnosed with lumbar disc disease, lumbar facet syndrome, right sacroiliac joint arthropathy, and right piriformis syndrome. Treatment has included medications, medical imaging, and physical therapy. There was diffuse tenderness to palpation noted over the lumbar paravertebral musculature. There was tenderness to palpation over the right piriformis muscles with referral pain to the foot in the S1 distribution. There was trace facet tenderness to palpation noted over L3 through S1. There was decreased range of motion to the lumbar spine. The treatment plan included injections and medications. The treatment request included tetracaine patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tetracaine Patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The current request is for Tetracaine Patches. The RFA is dated 08/11/15. Treatment has included lumbar surgery on 05/01/14 and left shoulder surgery in medications, medical imaging, and physical therapy. MTUS Chronic Pain Guidelines, under Lidoderm (Lidocaine patch) section, page 56-57 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.) MTUS Topical analgesics section, page 112 also states: Lidocaine indication: neuropathic pain, Recommended for localized peripheral pain." Per report 07/29/15, the patient presents with low back pain with numbness to the buttocks and has been diagnosed with lumbar disc disease, lumbar facet syndrome, right sacroiliac joint arthropathy, and right piriformis syndrome. The patient has a history of shoulder, knee and ankle complaints as well. The request is for Tetracaine Patches. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lumbar and hip pain, not a localized neuropathic pain amenable to Lidocaine patches. The patient has a history of shoulder, knee and ankle complaints as well, but there is no indication that these patches are for those body parts. Without evidence of an existing condition for which topical Lidocaine is considered, continuation of this topical medication cannot be validated. Therefore, the request IS NOT medically necessary.