

Case Number:	CM15-0182348		
Date Assigned:	09/23/2015	Date of Injury:	01/01/2010
Decision Date:	11/03/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/16/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 45 year old female, who sustained an industrial-work injury on 1-1-10. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar spine strain and right sacroiliac joint syndrome. Medical records dated (3-4-15 to 9-2-15) indicate that the injured worker complains of low back pain on the right and it goes down the right leg at times with burning sensation. The medical record dated 3-4-15 the physician indicates the pain is improved with ice, rest and medications. The pain is made worse with yard work and housework. The injured worker also reports difficulties with work, sleeping, and recreational activities due to pain. The pain is rated 2-5 out of 10 on pain scale at times, greatest level of pain is rated 5 out of 10 on pain scale, lowest pain level is rated 1 out of 10 on pain scale, general level of pain without medication is rated 3-5 out of 10 and general level of pain with medication is rated 1-3 out of 10 on pain scale. The medical record dated 9-2-15 the physician indicates that the injured worker reports "the pain is worse secondary to yard and housework taking Tizanidine as before and works great for 4 hours and stops the spasm. The injured worker also reports decreased use of Norco. The work status is not noted in the records. (OBJ) The physical exam dated 9-2-15 reveals tenderness of the lumbosacral spine and right sacroiliac joint. The lumbar flexion is 82 degrees and extension is 12 degrees. Treatment to date has included pain medication including Norco, Motrin, Tizanidine (allergic to Morphine and Gabapentin), Lidocaine patch since at least 9-2-15, ice and heat, activity modifications, There is no urine drug screen reports noted. The request for authorization date was 9-8-15 and requested service included Lidocaine patch 5% #30. The original Utilization review dated 9-15-15 non-

certified the request as per the chronic pain MTUS there is no documentation of failed trials of first line recommendations of anti-depressants or anticonvulsants, and there is no evidence that the pain medications are insufficient to alleviate the symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #30: 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), Topical Analgesics.

Decision rationale: Regarding request for Lidocaine patch 5% #30, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations other than gabapentin. Additionally, there is no documentation of localized peripheral pain as recommended by guidelines. As such, the currently requested Lidocaine patch 5% #30 is not medically necessary.