

Case Number:	CM15-0185352		
Date Assigned:	09/25/2015	Date of Injury:	01/15/2011
Decision Date:	11/06/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/21/2015

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 67 year old male, who sustained an industrial injury on 01-15-2011. The injured worker is temporarily totally disabled as of 05-18-2015. Medical records indicated that the injured worker is undergoing treatment for musculoskeletal injuries affecting cervical and lumbar spine, cervical disc herniations, and lumbar disc herniations. Treatment and diagnostics to date has included left knee surgeries, physical therapy, and medications. Medications have included Docusate Sodium and Omeprazole. After review of the scant medical records, the internal medicine note dated 05-18-2015 stated the injured worker had reported headaches. Objective findings included mild tenderness to cervical and lumbar paraspinal muscles. The Utilization Review with a decision date of 08-18-2015 denied the request for Lidocaine pad 5%, day supply: 30, Quantity: 30, Refills: 2.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #30 with 2 refills: 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: The patient presents on 05/18/15 with headaches rated 8/10, epigastric pain and reflux symptoms. The patient's date of injury is 01/15/11. The request is for Lidocaine pad 5% #30 with 2 refills. The RFA was not provided. Physical examination dated 05/18/15 reveals tenderness to palpation of the cervical and lumbar paraspinal musculature, and mild hearing loss. No other remarkable findings are included. The patient is currently prescribed Docusate and Omeprazole. Per 05/18/15 progress note, patient is classified as temporarily totally disabled for one month. MTUS Guidelines, 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." In regard to the request for Lidocaine pads for this patient's chronic pain, this patient does not present with complaints for which topical Lidocaine is considered an option. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. Only one progress report, dated 05/18/15, was provided; in which the patient presents complaining of headaches and GI upset/reflux. There is some indication that this patient was referred for cervical spine, lumbar spine, and bilateral shoulder complaints - though these are not addressed by the patient's chief complaints and are not conditions for which topical Lidocaine is recommended. Without evidence of an existing localized peripheral neuropathic condition amenable to topical Lidocaine, this medication cannot be substantiated. Therefore, the request is not medically necessary.