MAXIMUS Federal Services

Case Number:	CM15-0191635		
Date Assigned:	10/06/2015	Date of Injury:	11/21/2012
Decision Date:	11/12/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/29/2015

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 59 year old female who sustained an industrial injury on 11-21-12.The medical records indicate that the injured worker has been treated for lumbar disc displacement without myelopathy; sciatica. She currently (9-9-15) complains of lower back pain radiating into the bilateral hips and buttocks region with radicular symptoms in the left lower extremity to the foot. The note indicates that "the pain is made better with Lidoderm patches". Her pain level on 3-10-15 was 6 out of 10. This was the only enumerated pain level present. The 4-14-15 note indicates that the injured worker had 50% pain relief with Lidoderm patches. Her diagnostics included MRI of the lumbar spine (7-12-13) showing L5-S1 disc protrusion, minimal neural foraminal narrowing. She is working. Her treatments to date include medication: Lidoderm 5% patch with benefit (she has been on this medication since at least 7-31-14), ibuprofen with benefit and no side effects, nabumetone which causes gastrointestinal upset so she uses sparingly, Protonix and in the past she has tried Relafen and naproxen but had gastrointestinal upset with both; massage therapy with no benefit; chiropractic therapy with no benefit (she has had 3 out of 6 sessions with both); lumbar epidural steroid injection that increased her pain; acupuncture with increase in pain. The request for authorization dated 9-14-15 was for Lidoderm 5% patch #30. On 9-17-15 Utilization Review non-certified the request for Lidocaine Pad 5%: #30 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine PAD 5% day Supply: 30, QTY #30, Refills #2: 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: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidocaine PAD 5% day Supply: 30,QTY #30, Refills #2 is not medically necessary and appropriate.