

Case Number:	CM15-0195262		
Date Assigned:	10/09/2015	Date of Injury:	10/14/2001
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/05/2015

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:

This 67 year old man sustained an industrial injury on 10-14-2001. Diagnoses include status post lumbar laminectomy, lumbago, and degenerative spine. Treatment has included oral medications. Physician notes dated 8-31-2015 show complaints of back pain. The physical examination shows normal lumbar lordosis, range of motion noted to be forward flexion 40 degrees, extension and bilateral lateral bending 0 degrees, and bilateral rotation 5 degrees with mild pain. Tenderness to palpation is noted to the paraspinal musculature and spinous process. Paraspinal spasm is noted, posterior superior iliac spine is tender bilaterally and sciatic notch is positive. Range of motion, strength, and reflexes are recorded as normal. Recommendations include physical therapy. There is not mention of medications, other methods of conservative care, or history of treatment. Utilization Review denied a request for Lidocaine pad on 9-11-2015.

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 4 refills: Upheld

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

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 sciatic areas. 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% #30 with 4 refills is not medically necessary and appropriate.