MAXIMUS Federal Services

Case Number:	CM15-0198431		
Date Assigned:	10/13/2015	Date of Injury:	01/24/2012
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/08/2015

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: Preventive Medicine, Occupational 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 68 year old female, who sustained an industrial injury on 1-24-12. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having chronic low back pain and lumbar spine radiculopathy. Treatment to date has included epidural steroid injections, massage, and medication including Hydrocodone. On 8-25-15 the treating physician noted the "pain level flared to a 9-10 of 10." On 8-25-15, the injured worker complained of back pain. On 9-6-15 the treating physician requested authorization for Lidocaine patches 5% #90 with 3 refills. On 9-11-15 the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

MED Lidocaine Patch 5% #90 x 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: MTUS Guidelines are very specific regarding the recommended indications for lidoderm patches. The Guidelines do not recommend its use for spinal pain and the recommended use is limited to localized peripheral neuropathic pain. This individuals pain is reported to mostly central in nature. In addition, the Guidelines recommend reasonable trials of oral medications for neuropathic pain prior to the topical lidoderm. There is no evidence that his qualifying treatment has been previously trialed and failed. Under these circumstances, the MED Lidocaine Patch 5% #90 x 3 Refills is not supported by Guidelines and is not medically necessary. There are no unusual circumstances to justify an exception to the Guidelines.