MAXIMUS Federal Services

Case Number:	CM15-0208032		
Date Assigned:	10/26/2015	Date of Injury:	10/02/2012
Decision Date:	12/10/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/22/2015

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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 48 year old male, who sustained an industrial-work injury on 10-2-12. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar strain and sprain, thoracic or lumbosacral neuritis or radiculitis, chronic pain syndrome, cervicalgia, shoulder joint pain, pain radiating to right shoulder, spasm of muscle and lumbago. Treatment to date has included pain medication, Norco, Ambien, Percocet, Prilosec, Celebrex, Valium, Wellbutrin, Belsomra, Lidocaine patch since at least March 2015, activity restrictions, rest, psyche care, trigger point injections, radiofrequency rhizotomies, acupuncture, physical therapy and other modalities. The injured worker reported stomach ache and gastric disturbance with use of Celebrex. Medical records dated 9-25-15 indicate that the injured worker complains of thoracic and low back pain that is rated 6 out of 10 on the pain scale and flares up with physical therapy. He reports that his pain medications are upsetting his stomach. He reports mild depression, anxiety, severe back pain and knee pain, and pain and cramping left thigh area. The physical exam reveals moderate tenderness and myofascial pain diffusely across the lower thoracic spine, all thoracic movements appear to cause severe spasms, and rotation is 30 percent restricted. The lumbar exam reveals tenderness and spasm, unable to extend with restricted range of motion, and positive straight leg raise bilaterally. There is dysesthesia down the posterior bilateral legs left worse than the right to the knees intermittently. The physician recommends Lidoderm patch. The request for authorization date was 9-25-15 and requested service included Lidocaine patch 5% #1. The original Utilization review dated 10-5-15 non-certified the request for Lidocaine patch 5% #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #1: 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): Lidoderm (lidocaine patch).

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment and therefore the use of Lidoderm is not medically necessary.