MAXIMUS Federal Services

Case Number:	CM15-0208983		
Date Assigned:	10/27/2015	Date of Injury:	07/18/2013
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/23/2015

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: Arizona, California
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 41 year old male, who sustained an industrial injury on July 18, 2013, incurring low back injuries. He was diagnosed with displacement of lumbar intervertebral disc, thoracic sprain and lumbosacral neuritis. Treatment included anti-inflammatory drugs, muscle relaxants, pain medications, sleep aides, neuropathic medications, home exercise program, chiropractic sessions, and activity restrictions. Other treatment included physical therapy, acupuncture and oral steroids that did not help with his pain relief. Currently, the injured worker complained of constant soreness and intermittent sharp pain in the lower back down into the left thigh aggravated with sitting, bending and twisting activities. He had difficulty sleeping and getting out of bed secondary to muscle spasms. He noted limited range of motion and tenderness in the lumbar region. He rated his pain 4 to 8 out of 10 on a pain scale from 0 to 10. His pain interfered with his personal care included grooming, hygiene, dressing himself, holding his son and riding in a car. The treatment plan that was requested for authorization included a prescription for Lidocaine patch with one refill. On October 12, 2015, a request for A prescription for Lidocaine patches was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch x 30 Refill 1: Apply 1 patch topically to area of pain 12 hours on and 12 hours off PRN: 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): Topical Analgesics.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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).In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant was on oral analgesics as well. The request for continued and long-term use of Lidoderm patches as above is not medically necessary.