MAXIMUS Federal Services

Case Number:	CM15-0026180		
Date Assigned:	02/18/2015	Date of Injury:	11/18/2000
Decision Date:	05/01/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/10/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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 60 year old male, who sustained an industrial injury on 11/18/2000. He reported a fall from 15 feet. The injured worker was diagnosed as having low back pain, lumbar degenerative disc disease, lumbar facet syndrome, lumbar spine arthrodesis/fusion, and lumbar radiculopathy. Treatment to date has included surgical intervention (lumbar spine in 2006 and 2007), medications, injections, and physical therapy. On 1/19/2015, the injured worker complained of low back pain, with radiation down bilateral buttocks, and constant numbness in both hands. His pain was continuous and rated 8/10 on this day. Current medications included Fentanyl patch, Lidoderm patch, Miralax, Norco, Percocet, and Senna S. Physical exam noted decreased flexion and extension in the lumbar spine, lumbar paraspinal tenderness, and positive facet loading bilaterally. Diagnostic reports were not noted, including urine drug screening.

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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [redacted]. Topical lidocaine may be 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". In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy. In addition, there is no documentation of functional improvement with the previous use of lidoderm patches. Therefore, the request for Lidocaine pad 5% is not medically necessary.