MAXIMUS Federal Services

Case Number:	CM15-0035218		
Date Assigned:	03/03/2015	Date of Injury:	04/05/2005
Decision Date:	04/09/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/24/2015

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, Pain Management

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 54 year old female, who sustained an industrial injury on 4/5/05. The injured worker has complaints of chronic low back pain; lumbosacral spondylosis without myelopathy; sacroiliac disorder and lumbar joint pain. The diagnoses have included lumbar facet joint pain; lumbosacral spondylosis without myelopathy; chronic low back pain and sacroiliac disorder. According to the utilization review performed on 2/2/15, the requested Lidocaine 5% 700mg patch, #60 x 2 refills has been non-certified. The requested Tramadol 50mg #90 x 2 refills and Celebrex 200mg #60 x 2 refills has been certified. California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines were used in the utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% 700mg patch, #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 112 of 127.

Decision rationale: Regarding request for lidocaine patch, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication of localized peripheral neuropathic pain failing first-line therapy recommendations. In the absence of such documentation, the currently requested lidocaine patch is not medically necessary.