

Case Number:	CM15-0039682		
Date Assigned:	03/10/2015	Date of Injury:	09/11/2013
Decision Date:	04/13/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	03/03/2015

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 33-year-old female, who sustained an industrial injury on 9/11/2013. She reported low back and left shoulder pain, after swinging a vacuum into a golf cart. The injured worker was diagnosed as having lumbago. Treatment to date has included conservative measures; including medications, diagnostics, and chiropractic, trigger point injections, and physical therapy. Currently, the injured worker complains of low back and left shoulder pain. She stated that low back pain was 8/10 and left shoulder pain was improved. Medications included anti-inflammatories and Lidocaine patches. Exam of the left upper extremity was unremarkable. Exam of the lumbar spine noted tenderness and spasm on the left lower lumbosacral area, decreased range of motion due to pain, and positive facet load test on the left lower lumbar area. Magnetic resonance imaging of the lumbar spine results were referenced.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine patch 5% #30 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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 that the patient has localized peripheral neuropathic pain failing first-line therapy. In the absence of such documentation, the currently requested lidocaine patch is not medically necessary.