MAXIMUS Federal Services

Case Number:	CM15-0043686		
Date Assigned:	03/13/2015	Date of Injury:	01/20/2014
Decision Date:	04/23/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/09/2015

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

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 44-year-old female, who sustained an industrial injury on January 20, 2014. She reported right low back, buttock and anterior thigh pain. The injured worker was diagnosed as having sacroiliac joint sprain, right spasm of the muscle, spinal lumbar degenerative disc disease, sacroiliac pain and sprain or strain of the lumbar region, right. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, home exercise programs, a sacroiliac belt, medications and work restrictions. Currently, the injured worker complains of right, low back, buttock and anterior thigh pain. The injured worker reported an industrial injury in 2014, resulting in the above noted pain. She has been treated conservatively with physical therapy and home exercises without complete resolution of the pain. She was noted to have some improvement with daily exercises including dancing and swimming. It was noted she returned to modified work as a nurse on September 29, 2014. She reported worsening symptoms during evaluation on September 30, 2014. It was noted the magnetic resonance imaging completed on September 22, 2014, was unremarkable. Evaluation on October 23, 2014, revealed worsening pain with associated depression. Evaluation on February 2, 2015, revealed continued pain, medications was renewed and chiropractic care was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 5% patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical lidocaine Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official disability guidelines Pain chapter, Lidoderm.

Decision rationale: The patient presents with lower back pain. The request is for LIDODERM PATCH 5% #30. Per 02/02/15 progress report, the patient is currently taking Celebrex, Lidoderm patch, Ibuprofen and Zanaflex. The patient is working. Per 08/04/14 progress report, the patient complains of low back, buttock and anterior thigh pain. Examination reveals negative for weakness and negative for paresthesias. X-ray of the lumbar spine from 08/21/14 is normal. MRI of the lumbar spine from 09/22/14 reveals mild degenerative disc disease at L2-3, L3-4 and mild facet arthropathy. MTUS guidelines page 57 states, "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 or Lyrica." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. In this case, this patient started utilizing Lidoderm patches between 12/04/14 and 01/05/15. None of the reports discuss how Lidoderm patches have been used with what efficacy except the prescribed medications are working well. This patient presents with pain in her lower back, buttock and thigh, but there is no documentation of localized, peripheral neuropathic pain for which this product is indicated. Therefore, the request IS NOT medically necessary.

Referral to pain management psychologist for consultation: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch: 7 page 127.

Decision rationale: The patient presents with lower back pain. The request is for REFERRAL TO PAIN MANAGEMENT PSYCHOLOGIST FOR CONSULTATION. Per 02/02/15 progress report, the patient is currently taking Celebrex, Lidoderm patch, Ibuprofen and Zanaflex. The patient is working. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or

course of care may benefit from additional expertise. In this case, the patient completed psych consult with [redacted] and the date of consultation is not provided. While the treater was waiting for [redacted] psych consult report, the treater requested pain management psychologist consultation with [redacted] to identify if there are any psychological /behavioral factors that may be contributing to chronic pain and delayed recovery. The current request appears to be for the one authorized on 01/08/15 per the utilization review letter on 02/11/15. MTUS supports referral to other specialist and this patient presents with psychosocial factors. The request IS medically necessary.