

Case Number:	CM15-0045334		
Date Assigned:	03/17/2015	Date of Injury:	01/11/2013
Decision Date:	04/20/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/10/2015

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: 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 65 year old male, who sustained an industrial injury on January 11, 2013. He reported that while at work he fell on his buttocks and hit his head with constant back pain as well as neck pain. The injured worker was diagnosed as having bilateral moderate carpal tunnel syndrome per electromyography (EMG)/nerve conduction velocity (NCV), cervical disc protrusion C4-C5 and C5-C6, cervical sprain with radicular symptoms, headaches, left acute and chronic L1 radiculopathy per electromyography (EMG)/nerve conduction velocity (NCV), left hip osteoarthritis, lumbar disc protrusion L4-L5, lumbosacral sprain with radicular symptoms, minimal subluxation C4-C5 and disc degeneration at C5-C6, spondylolisthesis L5-S1, and thoracic pain. Treatment to date has included electromyography (EMG)/nerve conduction velocity (NCV), physical therapy, MRI, epidural injections, and medication. Currently, the injured worker complains of lower back pain and sleep difficulty. The Primary Treating Physician's report dated January 15, 2015, noted the lumbar spine with limited range of motion (ROM) with pain, and a stable neurological examination. The injured worker reported no adverse side effects from the pain medications and was able to function well and do activities of daily living (ADLs) without much pain. Current medications were listed as Norco, Voltaren Gel, Ambien, Colace, and Lidocaine Patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 that has failed first-line therapy. In the absence of such documentation, the currently requested lidocaine patch is not medically necessary.