

Case Number:	CM15-0046155		
Date Assigned:	03/18/2015	Date of Injury:	06/08/2004
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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 62-year-old male, who sustained an industrial injury on 06/08/2004. He has reported injury to the right lower back. The diagnoses have included lumbar radiculopathy; lumbar facet arthropathy; failed back surgery syndrome; and right sacroiliac joint dysfunction. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation) unit, epidural steroid injections, physical therapy, home exercise program, permanent spinal cord stimulator, and surgical intervention. Medications have included Nucynta, Soma, Valium, Ketoprofen, Flector patch, and Prilosec. A progress note from the treating physician, dated 02/04/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of ongoing right lower back pain and right lower extremity pain; Flector patches have helped pain; and spinal cord stimulator implant was reprogrammed several times, but not helping the lower back. Objective findings included severe tenderness over lower lumbar area and sacroiliac joint, more on right side; severe tenderness over the right sacroiliac joint; and range of motion limited due to severity of his pain. The treatment plan included prescription medication. Request is being made for Lidocaine 5% patch #30 with 5 refills for the shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% patch #30 with 5 refills for the shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: Regarding request for topical Lidocaine 5% patches, 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 first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of localized peripheral neuropathic pain as recommended by guidelines. As such, the currently requested topical Lidocaine 5% patches are not medically necessary.