MAXIMUS Federal Services

Case Number:	CM15-0047682		
Date Assigned:	03/19/2015	Date of Injury:	02/04/2014
Decision Date:	05/01/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/12/2015

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 47 year old female, who sustained an industrial injury on 2/4/2014. Diagnoses have included lumbar radiculopathy secondary to lumbar facet arthropathy and stenosis. Treatment to date has included lumbar magnetic resonance imaging (MRI) and medication. According to the progress report dated 1/16/2015, the injured worker complained of back pain with some referred pain into her left hip. Physical exam showed tenderness at the lower lumbar segments. She had a positive left straight leg raise. The treatment plan included Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% Qty 30: Upheld

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

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

Decision rationale: The patient presents with back pain radiating to left hip. The request is for LIDODERM PATCH 5% #30. The request for authorization is dated 01/27/15. MRI of the lumbar spine, 04/17/14, shows L4-5 mild central canal stenosis; mild right and mild to moderate left foraminal stenosis. She has a positive left straight leg raise. She has no focal motor deficits and no obvious sensory deficits. She continues with pain aggravated by any type of activity, bending, lifting, or twisting. Patient's medications include Humulin, Wellbutrin, Cymbalta and Lisinopril. The patient is returned to work with light duty.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 thatlidoderm 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.Per progress report dated, 01/16/15, treater's reason for the request is "to help decrease some of the pain and symptoms she is having and avoid exacerbating problems." In this case, there is no documentation of how Lidoderm patch is used, how often and with what efficacy in terms of pain reduction and functional improvement. MTUS page 60 requires recording of pain and function when medication is used for chronic pain. Furthermore, Lidoderm patches are indicated for localized peripheral pain, which the treater does not document, and is not indicated for neck, back or knee conditions. Therefore, the request IS NOT medically necessary.