

Case Number:	CM15-0056243		
Date Assigned:	04/01/2015	Date of Injury:	09/07/2012
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 36-year-old male, with a reported date of injury of 09/07/2012. The diagnoses include L5-S1 spondylolisthesis and stenosis, severe stenosis at C4-5, C5-6, and C6-7 in the foramen, and right shoulder labral tear. Treatments to date have included oral medications. The progress report dated 08/12/2014 indicates that the injured worker was status post L4-5 and L5-S1 anterior and posterior fusion surgery four weeks prior. He continued to have left hip pain and tingling. The physical examination showed intact strength bilaterally in the extensor hallucis longus, tibialis anterior, gastrocnemius, and quadriceps muscles; intact sensation; well-healing wounds; a back brace; and a normal gait. The medical report from which the request originates was not included in the medical records provided for review. The treating physician requested Lidocaine pad 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Compounding Medications Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription Lidocaine pad 5% #30 is not medically necessary.