

Case Number:	CM15-0062214		
Date Assigned:	04/08/2015	Date of Injury:	03/30/2012
Decision Date:	05/07/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/01/2015

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: Emergency 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 48-year-old male, who sustained an industrial injury on 3/30/12. He reported initial complaints of neck, low back, and bilateral knee pain. The injured worker was diagnosed as having cervical spinal cord injury, tetra paresis, and incomplete spinal cord injury consistent with Brown Sequard, C2 non-displaced fracture, moderate traumatic brain injury (TBI), medial meniscal tear, spasticity, and mild clonus. Treatment to date has included topical and oral medications, psychotherapy, surgery (left knee arthroscopy/menisectomy on 9/20/12), H-wave unit, home exercise program. A MRI was performed on 2/21/14 and 7/6/13. Currently, the injured worker complains of increased low back pain with radiculopathy radiating down his low back. There was also headaches and bilateral knee pain. Per the primary physician's progress report (PR-2) on 2/4/15 noted limited cervical range of motion, tenderness, spasticity in the lower extremities (L>R), decreased sensation on the right, and decreased sensation on the right, and decreased strength on the left. Current plan of care included a course of physical therapy, Norco, and Baclofen. The requested treatments include a Lidocaine 5% pad.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% pad #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Pages 56-57 Page(s): 56-57.

Decision rationale: The requested Lidocaine 5% pad #30 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "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)." It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has increased low back pain with radiculopathy radiating down his low back. The treating physician has documented limited cervical range of motion, tenderness, spasticity in the lower extremities (L>R), decreased sensation on the right, and decreased sensation on the right, and decreased strength on the left. The treating physician has not documented, failed first-line therapy or documented objective evidence of functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Lidocaine 5% pad #30 is not medically necessary.