

Case Number:	CM15-0063230		
Date Assigned:	04/09/2015	Date of Injury:	10/30/2011
Decision Date:	07/31/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/02/2015

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 44 year old male, who sustained an industrial injury on 10/30/2011. He has reported injury to the low back. The diagnoses have included lumbar strain; quadratus lumborum strain; ligament muscle strain and spasm; multiple trigger points in the lumbar spine; status post L2 through S1 laminectomy with bilateral medial facetectomy and foraminotomy, on 09/19/2013; and failed back syndrome. Treatments have included medications, diagnostics, heat, injections, physical therapy, home exercise program, acupuncture, and surgical intervention. Medications have included Norco, Lidoderm Pad, and ThermaCare hot packs. A progress report from the treating physician, dated 02/26/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of continued sharp dull aching pain and stabbing sensation into the lumbar spine; it is worse and it radiates to the legs; baseline pain is rated at 6 to 9 out of 10; rest, heat, medications, and lying down help alleviate the pain; acupuncture has given tremendous alleviation of the pain; cold weather, walking, standing, and sitting worsen the pain; and activities of daily living are limited due to the pain. Objective findings included tenderness to palpation of the lumbar paraspinal musculature; range of motion of the lumbar spine is limited by pain; tenderness to palpation in the quadratus lumborum; and trigger points are noted in six distinct muscle groups of the lumbar spine. The treatment plan has included the request for Lidocaine Pad 5% quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 5% quantity 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 Topical Analgesics Page(s): 112.

Decision rationale: Regarding request for topical Lidocaine pad 5%, 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 analgesic effect or objective functional improvement as a result of the currently prescribed Lidoderm. As such, the currently requested Lidocaine pad 5% is not medically necessary.