MAXIMUS Federal Services

Case Number:	CM14-0148532		
Date Assigned:	09/18/2014	Date of Injury:	04/05/1999
Decision Date:	10/16/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/12/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old male, who has submitted a claim for chronic pain syndrome, lumbar post-laminectomy syndrome and myofascial pain syndrome associated with an industrial injury date of April 5, 1999. Medical records from 2014 were reviewed, which showed that the patient complained of low back pain. Physical examination showed costovertebral angle tenderness on the left with paraspinal muscle spasm, bilaterally. Tenderness was also noted over the lumbo-sacral spine. Straight leg raise (SLR) was positive bilaterally. Cervico-thoracic tenderness was also noted. Sensory examination revealed sensory dysesthesia at the dermatomal levels of L4-S1, bilaterally. Sensation to pinprick was decreased at L4-S1 dermatomal levels. Treatment to date has included MS Contin, Norco, Neurontin, Cymbalta, back operation (2003), femur operation (2003) and Lidoderm patch (since March 2014). Utilization review from September 9, 2014 denied the request for topical lidocaine 5% (700mg), quantity: 90 because there was no discernible pain relief from its use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical lidocaine 5% (700mg) quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Lidocaine patch Page(s): 56-57.

Decision rationale: As stated on pages 56-57 of CA MTUS Chronic Pain Medical Treatment Guidelines, 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). In this case, the patient has been on topical lidocaine since March 2013 for low back pain. Lidocaine patch was started due to persistent neuropathic pain despite Neurontin and Cymbalta use, both considered as first-line therapy. However, progress notes reviewed did not show functional improvement in the patient. Moreover, the severity of the pain noted by the patient persisted despite the use of the medication. Therefore, the request for Topical Lidocaine 5% (700mg) is not medically necessary.