

Case Number:	CM14-0210312		
Date Assigned:	12/23/2014	Date of Injury:	04/02/2005
Decision Date:	03/03/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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:

This patient is a 64 year old female with a 4/02/05 date of injury. Based on the 08/21/14 progress report, patient complains of "neck/lower back pain." Exam of cervical spine shows tenderness and decreased ROM. Exam of low back shows pain w/extension and flexion and decreased ROM, left paraspinal spasms, and right paraspinal spasms. Exam of reflexes shows decreased pinprick, vibration, position, and light touch. Sensory diminished to touch in bilateral C5, C6, and C6 and bilateral L4, L5 and S1 distribution. Cervical and lumbar spine spasm diffusely. Patient is able to flex her lumbar spine about 20 degrees and extend it to 10 degrees, lateral bending was 10 degrees. Exam of cervical spine shows patient is able to flex it 15 degrees, extend it to 10 degrees, lateral rotation was 10 degrees on each side. Diagnoses for this patient are: 1. Cervical radiculopathy - 353.2: Cervical root lesions, not elsewhere classified 2. Lumbosacral radiculitis - 724.4: Thoracic or lumbosacral neuritis or radiculitis, unspecified Work status as of 8/21/14: Patient to remain off work until 11/1/14. The utilization review being challenged is dated 11/11/14. The request was denied due to "documentation does not describe failure of first line oral agents." The request is for Lidocaine pad 5% Day Supply: 30 Qty: 30 Refills: 0. The requesting provider has provided three reports from 6/26/14, 8/07/14, and 08/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% 30 day supply with 0 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), Topical Analgesics Page(s): 56-57, 111-113.

Decision rationale: This patient presents with neck and lower back pain with tenderness and spasms. The request is for LIDOCAINE PAD 5% 30 DAY SUPPLY WITH 0 REFILLS. According to MTUS guidelines, Lidocaine is indicated in the use of neuropathic pain that is peripheral and localized after failure of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). Lidocaine was prescribed on 6/26/14 and 8/21/14; according to both reports, Lidocaine 5% (adhesive patch, apply 1 patch (es) every day by transdermal route PRN) was initially prescribed 5/03/13. Review of submitted records do not provide that the patient presents with peripheral, localized neuropathic pain for which Lidocaine patches may be indicated. The patient presents with neck and low back pain and the guidelines do not support Lidocaine patches for axial spinal pains or diffuse peripheral neuropathic pain. The request IS NOT medically necessary.