

Case Number:	CM14-0214347		
Date Assigned:	01/07/2015	Date of Injury:	10/15/2011
Decision Date:	02/28/2015	UR Denial Date:	11/22/2014
Priority:	Standard	Application Received:	12/22/2014

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:

The patient is a 52-year-old female with date of injury of 10/15/2011. The listed diagnoses from 03/13/2014 are: 1. Cervical spine disk herniation at C3-C4 with flattening of the cervical spine according to that level as well as radiculopathy in C6 distribution. 2. Thoracic spine strain. 3. Lumbar spine 2- to 3-mm disk bulges at L4-L5 and L5-S1. According to this report, the patient complains of lumbar spine pain. She has been doing a lot of repetitive bending, stooping, and reaching at work, and she notes significant increase in her lumbar spine pain. She feels that it locks on her and it radiates all the way down to the bilateral hips. Examination showed significant spasm of the lower lumbar spine with tenderness over the L4-L5 and L5-S1 area and bilateral SI joint. The patient has radiation of pain all the way down to the bilateral hips. She is limping. The patient has overall lower extremity weakness and deconditioning. Treatment reports from 05/01/2013 to 03/13/2014 were provided for review. The utilization review denied the request on 11/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pad 15%: 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 lidocaine Lidocaine; topical analgesics Page(s): 56-57,111-113.

Decision rationale: This patient presents with lumbar spine pain radiating to the bilateral hips. The treater is requesting PHARMACY COMP/DISP SERV (LIDOCAINE PAD 15%). The MTUS guidelines page 57 states, "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)." MTUS Page 112 also states, "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain." When reading ODG guidelines, it specifies that lidoderm patches are indicated as a trial if there is "evidence of localized pain that is consistent with a neuropathic etiology." ODG further requires documentation of the area for treatment, trial of a short-term use with outcome documenting pain and function. The records do not show a history of lidocaine pad use. The 01/30/2014 report shows the patient is having some radiculopathy to the left upper extremity. She is able to manage this with stretching, antiinflammatories, and occasional gabapentin. Examination showed some tenderness and tightness on the cervical spine in the left side with radiation of pain in the C6 distribution on the left. In this case, the patient does not present with localized peripheral neuropathic pain which is a criteria for use of lidocaine patches. The request IS NOT medically necessary.