

Case Number:	CM15-0010186		
Date Assigned:	01/27/2015	Date of Injury:	10/12/2012
Decision Date:	03/18/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/16/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 (IW) is a 51-year-old female who sustained an industrial injury on 10/12/2012 when she missed a step and fell out of a bus landing on her the left wrist/elbow/shoulder, and hip. She has reported pain in the back and left hip. The diagnoses have included degenerative disc disease, lumbar spondylosis, chronic pain syndrome, and left hip pain. Treatments to date have included physical therapy, chiropractic care; massage therapy, all of which were reported to help with pain and range of motion. Currently, the IW complains of pain in the lower back and left hip (greater than the right). Her treatment plan includes Norco, physical therapy for strengthening the lower back, pain management by a specialist, and lidocaine pads to the painful area. On 01/12/2015 Utilization Review non-certified a request for Lidocaine pad 5% #60, noting the medical necessity was not established in the presented documentation as there is no indication of neuropathic pain. The MTUS, Chronic Pain Guidelines, Lidocaine p 112 were cited. On 01/16/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chapter Low Back, web edition

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch), pp. 56-57, AND Topical Analgesics, Lidocaine p. 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was insufficient evidence to suggest topical lidocaine was an appropriate medication at the time of this request. There was no evidence to show neurological symptoms or signs of neurological compromise. Also, there was no evidence found in the documentation to suggest the worker had tried and failed first-line therapies for neuropathic pain if the worker was in actuality experiencing neuropathic pain. Therefore, the lidocaine pads will be considered medically unnecessary.