

Case Number:	CM15-0124329		
Date Assigned:	07/08/2015	Date of Injury:	01/23/2015
Decision Date:	08/05/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 55-year-old male with an industrial injury dated 01/23/2015. He injured his neck and lower back after being involved in a motor vehicle accident at work. His diagnoses included persistent neck strain with small disc bulge and mild central stenosis, persistent lumbar strain with radiculopathy and spondylolisthesis. Prior treatment included home exercises and stretching. He was to continue to alternate cool and heat therapy to the injured areas as needed. He presents on 05/05 2015 for follow up of neck and lower back pain. He reports he continues to have pain in his lower back described as sharp and constant with radiation to his right lower extremity. He describes neck pain as dull. Physical exam noted no pain along the spine, although he continued to have tenderness in the lower bilateral cervical paraspinal musculature and in the lower lumbar paraspinal musculature. Range of motion of the neck was full with discomfort during forward flexion and extension. Range of motion of the lower back was full with discomfort in all planes. Deep tendon reflexes of the upper and lower extremities were intact. Work status was modified with no prolonged sitting, standing, walking, no repetitive climbing, bending, twisting and no forceful pushing over pulling over 10 pounds. Weightlifting restriction was 10 pounds. The treatment request is for Lidocaine pad 5% , day supply: 30, quantity: 90 and refills: 4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% day supply: 30 qty: 90 refills: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by [REDACTED]. 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". In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidocaine pad is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the prescription of Lidocaine pad 5% day supply: 30 qty: 90 refills: 4 is not medically necessary.