MAXIMUS Federal Services

Case Number:	CM15-0175978		
Date Assigned:	09/17/2015	Date of Injury:	06/02/2008
Decision Date:	10/23/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/08/2015

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: 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 injured worker is a 48-year-old female, who sustained an industrial injury on 06/02/2008. She has reported subsequent neck and low back pain and was diagnosed with cervical strain, left cervicotrapezial strain, chronic back pain and lumbar radiculopathy. MRI of the cervical spine dated 07-24-2008 showed disc osteophyte complexes at C3-C4, C4-C5 and C5-C6 that abut the thecal sac and cause mild deviation of the ventral aspect of the cord and moderate right neural foraminal narrowing at C5-C6. Treatment to date has included oral and topical pain medication, transcutaneous electrical nerve stimulation (TENS) unit, trigger point injections and left transforaminal lumbar epidural steroid injection which were noted to have provided some pain relief. Lidoderm patches were noted to have been prescribed at least since 01-29-2015. During the most recent progress note dated 04-23-2015, the injured worker reported unchanged neck and low back pain. Neck pain was rated as 5.5 out of 10 with medications and 8 out of 10 without medications and low back pain was rated as 5 out of 10 with medications and 6 out of 10 without medications. Objective examination findings were noted to be unchanged but there were no specific findings documented. Work status was documented as permanent and stationary and the injured worker was noted to be not working. A request for authorization of Lidocaine pad 5% quantity of 60 was submitted. At utilization review (09-03-2015), the request was modified from Lidocaine pad 5% quantity of 60 to Lidocaine pad 5% quantity of 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad 5% Qty: 60.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: The current request is for LIDOCAINE PAD 5% QTY: 60.00. The RFA is dated 08/26/15. Treatment to date has included oral and topical pain medication, oral medication, transcutaneous electrical nerve stimulation (TENS) unit, trigger point injections, physical therapy and left transforaminal lumbar epidural steroid injection. The patient is not working. MTUS, Lidoderm (Lidocaine Patches) Section, pages 56, 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." Page 112 also states, "Lidocaine indication: neuropathic pain. Recommended for localized peripheral pain." Per report 04/23/15, the patient presents with chronic neck and lower back pain. Neck pain was rated as 5.5 out of 10 with medications and 8 out of 10 without medications and low back pain was rated as 5 out of 10 with medications and 6 out of 10 without medications. The patient was instructed to continue medications. The patient was first prescribed Lidocaine patches on 11/03/14. MTUS guidelines state that Lidocaine patches are appropriate for localized peripheral neuropathic pain. This patient presents with lumbar and cervical spine pain, not a localized neuropathic pain amenable to Lidocaine patches. Without evidence of an existing condition for which topical Lidocaine is considered, continuation of this topical medication cannot be validated. Therefore, the request IS NOT medically necessary.