

<b>Case Number:</b>	CM15-0046364		
<b>Date Assigned:</b>	03/18/2015	<b>Date of Injury:</b>	09/03/2014
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	03/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/11/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 67-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 3, 2014. In a Utilization Review Report dated March 4, 2015, the claims administrator failed to approve a request for lidocaine patches and MRI imaging of the lumbar spine. The claims administrator referenced a progress note of February 18, 2015 and associated RFA form of February 26, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated February 18, 2015, attending provider suggested that the applicant remain off work indefinitely. Persistent complaints of low back pain were noted. MRI imaging of thoracic spine, MRI imaging of bilateral hips, and MRI imaging of lumbar spine were endorsed, along with Skelaxin, Lodine, 18 sessions of physical therapy, and lidocaine patches. The applicant did exhibit a mildly antalgic gait, it was stated on this occasion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidocaine patch 5%:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Lidoderm, Topical Lidocaine.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

**Decision rationale:** No, the request for lidocaine patches was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain/neuropathic pain in applicants in whom there has been a trial of first line therapy of antidepressant and/or anticonvulsants, in this case, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications and/or anticonvulsant adjuvant medications on or around the date of the request, February 18, 2015. No rationale for introduction, selection, and/or ongoing usage of lidocaine patches at issue was furnished. Therefore, the request was not medically necessary.

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for imaging - Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

**Decision rationale:** Similarly, the request for lumbar MRI imaging was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 304, imaging studies should be reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. Here, however, the February 18, 2015 progress note contained no reference or mention that the applicant has actively considered or contemplate any kind of surgical intervention involving lumbar spine. The fact that MRI imaging of bilateral hips, MRI imaging of thoracic spine, and MRI imaging of lumbar spine were concurrently ordered significantly reduced the likelihood of the applicant's acting on the results of the proposed lumbar MRI and/or consider or contemplate any kind of surgical intervention based on the outcome of the same. Therefore, the request was not medically necessary.