

Case Number:	CM15-0074022		
Date Assigned:	04/24/2015	Date of Injury:	02/29/2000
Decision Date:	05/27/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	04/17/2015

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, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 60 year old female with an industrial injury dated February 29, 2000. The injured worker diagnoses include multi-level cervical, thoracic and lumbar degenerative disc disease, bilateral trochanteric bursitis, chronic myofascial pain syndrome, restless leg syndrome, cervical radiculitis, depression and sleep disorder. She has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/30/2015, the injured worker reported lower extremity pain with excessive activity, occasional lower extremity edema and discoloration of the soles of her feet. The injured worker also reported low back pain, with average pain rated a 2-3/10 with medication and sedentary lifestyle. The injured worker rated worst pain a 5/10. Objective findings revealed an antalgic gait, moderate thoracic paraspinous muscle tenderness, moderate lumbar paraspinous muscle tenderness, moderate facet joint tenderness, moderate sacroiliac (SI) joint tenderness, moderate sciatic notch tenderness, moderate trochanteric bursa tenderness, decrease lumbar range of motion with pain, and decrease reflexes in bilateral knees. The IW continued to report severe limitation of ADL and reported living a sedentary lifestyle. The treating physician prescribed Lidocaine Pad 5%. The medications listed are methadone, Norco, Wellbutrin SR, Zanaflex, Zolof, lactulose and Lidocaine pad 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Pads 5% quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1 Page(s): 56-57, 112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Topical analgesics.

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic products can be utilized as a second line treatment of localized neuropathic pain when treatment with first line anticonvulsant and antidepressant medications have failed. The records did not show subjective or objective findings consistent with a diagnosis of localized neuropathic pain. There is no documentation of failure of first line medications. There is documentation of functional limitation and decreased ADL despite utilization of high dose opioids and multiple co-analgesic medications. The criteria for the use of Lidocaine pad 5% #120 was not met. The request is not medically necessary.