MAXIMUS Federal Services

Case Number:	CM15-0094981		
Date Assigned:	05/21/2015	Date of Injury:	03/13/2002
Decision Date:	06/30/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/18/2015

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, Hawaii
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 male who sustained a work related injury March 13, 2002. Past history included a myocardial infarction 2013 and SCS (spinal cord stimulator) placement November, 2011. According to a primary treating physician's progress report, dated March 23, 2015, the injured worker presented with increased lower back pain, rated 7/10. His stimulator was re-programmed, but may need to check placement of wires as coverage is waist line and down both legs and only able to program 3. He ambulates with a cane. He is also on Hydrocodone to control pain. Diagnoses are documented as lumbar radiculopathy; chronic intractable low back pain; lumbar degenerative disc disease. Treatment plan included instruction on a home exercise program and medication. At issue, is the request for authorization for Lidocaine pad.

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: 9 Qty. 18, refills: 10, Rx date: 4/11/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The patient presents with pain affecting the low back. The current request is for Lidocaine pad 5% day supply: 9 Qty. 18, refills: 10, rx date 4/11/15. The treating physician states, "Continue Lidocaine patches for topical analgesic for symptom relief. 12 hrs on and 12 hrs off." (329B) The MTUS guidelines state, "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy." In this case, the treating physician documents that the patient is continuing with first line therapies, such as Neurontin, and that the medication helps decrease pain. There is no documentation of localized peripheral pain and there is no documentation of prior functional improvement with previous Lidocaine patch usage. The current request is not medically necessary and the recommendation is for denial.