

Case Number:	CM13-0042385		
Date Assigned:	03/26/2014	Date of Injury:	03/25/2013
Decision Date:	05/13/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/30/2013

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old female who reported an injury on 03/25/2013. The mechanism of injury was not stated. Current diagnoses include status post C3-C6 ACDF (Anterior Cervical Decompression And Fusion) and lower back pain with left lower extremity radiculitis. The injured worker was evaluated on 09/25/2013. The injured worker reported increasing range of motion following physical therapy. Physical examination revealed a depressed mood and difficulty rising from a sitting position. Treatment recommendations included prescriptions for a Lidoderm patch and Keto-lido-ultra cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

KETO-LIDO-ULTRA CREAM PRN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS. Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended

as a whole. Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, there is no evidence of neuropathic pain or peripheral pain upon physical examination. There is also no evidence of a trial of first-line therapy with antidepressants or anticonvulsants. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request for KETO-LIDO-ULTRA cream (as needed) is not medically necessary and appropriate.

LIDODERM PATCH APPLY Q 12 HR 2 BOXES 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines DURAGESIC AND LIDODERM (LIDOCAINE PATCH)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS. Page(s): 111-113.

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first-line therapy. As per the documentation submitted, there is no evidence of neuropathic pain or peripheral pain upon physical examination. There is also no evidence of a trial of first-line therapy with antidepressants or anticonvulsants. Therefore, the injured worker does not meet criteria for the requested medication. As such, the request for two (2) boxes lidoderm patch with one refill is not medically necessary and appropriate.