MAXIMUS Federal Services

Case Number:	CM13-0044738		
Date Assigned:	12/27/2013	Date of Injury:	01/18/1990
Decision Date:	03/11/2014	UR Denial Date:	10/15/2013
Priority:	Standard	Application Received:	10/28/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilation and is licensed to practice in Illinois. 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 physician 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 patient is a 71-year-old female who reported an injury on 01/18/1990. The mechanism of injury was not provided. The patient was noted to have low back pain. The patient's pain level with medications was noted to be 5/10 and without medications 9/10. The activity level with medications was noted to be 3/10 and without medications 0/10. The request was made for topical Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Cream 5%, TID 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: California MTUS states Lidocaine in a transdermal application is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica. No other commercially approved topical formulations of lidocaine whether creams, lotions or gels are indicated for neuropathic pain. There was a lack of

documentation indicating the patient had neuropathic pain and there was a lack of documentation indicating the patient had trialed and failed first line therapy. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant nonadherence to guideline recommendations. The submitted request failed to indicate the quantity of medication being requested. Given the above and the lack of documentation of exceptional factors, the request for Lidocaine cream 5% 3 times a day, 90 day's supply is not medically necessary.