

Case Number:	CM13-0064258		
Date Assigned:	01/03/2014	Date of Injury:	05/20/1998
Decision Date:	05/07/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/11/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in Maryland. 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 patient is a 52 year old female who had a work injury dated 5/2/98. The diagnoses include chronic pain syndrome, lumbar back pain with bilateral radiculopathy; degenerative disc disease, lumbar spine with annular tear L2-4; lumbar degenerative disc disease; bilateral knee pain; depression and anxiety; sleep disorder; headache. There is a request for a pharmacy purchase of prescription of Lidocaine ointment 5%. There was a 1/22/14 letter from an attorney on behalf of the patient stating that the the patient has been diagnosed with back pain with radiculopathy and degenerative disk disease. She describes the pain as sharp, aching, cramping, throbbing burning, stabbing and electrical. Her physician reports that her current medication regimen continues to be helpful in increasing daily function without causing intolerable side effects. The patient reports that the lidocaine ointment decreases her pain by as much as 45-50%. There is a 5/20/13 pain management physician document that states that on physical exam the patient has antalgic gait, transfers slowly due to left knee pain without use of assistive devices. The extremities reveal left knee edema; pain on palpation and bilateral leg radicular symptoms. The document indicates that the patient takes Oxycontin, Soma, and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF PRESCRIPTION OF LIDOCAINE OINTMENT 5%:

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): 111-112.

Decision rationale: The request for a pharmacy purchase of prescription of Lidocaine ointment 5% is not medically necessary per the MTUS guidelines. The MTUS states that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Additionally, per the MTUS guidelines topical lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No commercially approved topical formulations of lidocaine that are non patch formulations (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. The documentation does not indicate that the patient has tried first line therapy for neuropathic pain (such as an anti epileptic drug). The documentation does not state that the patient has post herpetic neuralgia. The request for pharmacy purchase of prescription of Lidocaine ointment 5% is not medically necessary.