

Case Number:	CM13-0071435		
Date Assigned:	01/08/2014	Date of Injury:	04/22/2003
Decision Date:	06/05/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	12/27/2013

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 and 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 68 year old male who had a work injury on 4/22/03. The diagnoses include cervical spine discopathy, right shoulder adhesive capsulitis; status post revision bilateral carpal tunnel release surgery; status post bilateral cubital tunnel release; psychiatric complaints, hearing loss. There is a request for Lidocaine 5% ointment. There is a 9/17/13 treating physician office note which states that the patient continues to have intermittent non radiating neck pain. Patient is status post bilateral carpal tunnel release with revision surgery and has residual pain and paresthasias along with stiffness. Patient is also status post bilateral cubital tunnel release with residual pain and paresthasias. Patient continues to have bilateral hearing complaints that has worsened since his last office visit. The patient defers any aggressive orthopedic treatment at this time. The physical exam of the right shoulder reveals limited range of motion with forward flexion to 140 degrees independently 160 degrees of active assist. Examination of the bilateral upper extremities reveals positive Tinel sign bilaterally with positive elbow flexion test and elbows. Examination of bilateral hands and wrists reveals positive Tinel sign bilaterally, positive Phalen's sign bilaterally with bilateral intrinsic weakness. There is a 1/9/14 document from the providing physician stating that the patient has neuropathic pain and therefore would benefit from Lidoderm ointment. Per document the patient had an (EMG/NCV) electromyogram and nerve conduction velocity studies of the bilateral upper extremities, on 3/2/09 which showed severe peripheral neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOCAINE 5% OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: 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. The Chronic Pain Medical Treatment Guidelines also does not recommend Lidocaine in a topical formulation such as a cream, lotion, or gel for neuropathic pain. The documentation fails to reveal intolerance to oral medication. The request for Lidocaine ointment 5% is not medically necessary.