

Case Number:	CM14-0102434		
Date Assigned:	09/16/2014	Date of Injury:	04/18/2007
Decision Date:	10/15/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 and is licensed to practice in California. 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:

According to the records made available for review, this is a 44-year-old female with a 4/18/07 date of injury. At the time (6/24/14) of the Decision for Lidocaine 6%/ Hyaluronic 0.2 %/ Medication Prepared in Cream Patch #120 with 1 or 6 refills, there is documentation of subjective (low back pain and increased left lower extremity complaints) and objective (cervical spine tenderness with C5 and C6 dermatomal sensory changes, lumbar spine tenderness to palpation with weakness and paresthesia in an L5-S1 dermatomal distribution) findings, current diagnoses (cervicalgia and status post an L5-S1 lumbar fusion), and treatment to date (medication).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6%/ Hyaluronic 0.2 %/ Medication Prepared in Cream Patch #120 with 1 or 6 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Namaka, 2004; Colombo, 2006; Argoff, 2006

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervicgia and status post an L5-S1 lumbar fusion. However, the requested Lidocaine 6%/ Hyaluronic 0.2 %/ Medication Prepared in Cream Patch #120 with 1 or 6 refills contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 6%/ Hyaluronic 0.2 %/ Medication Prepared in Cream Patch #120 with 1 or 6 refills is not medically necessary.