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| Case Number: | CM14-0108782 | | |
| Date Assigned: | 09/16/2014 | Date of Injury: | 06/27/2000 |
| Decision Date: | 10/24/2014 | UR Denial Date: | 07/07/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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, Pain Medicine and is licensed to practice in Texas. 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 63 year old female with an injury date of 06/27/00. The exact mechanism of injury is not described by the records provided for review. Acupuncture treatment given to this injured worker would be less painful. It was noted then that the injured worker was not using any pain medications at that time and she preferred to use her TENS unit and acupuncture sessions to manage her pain. Her pain was not objectively identified on that clinical note. The previous utilization review determination stated that the request for Lidocaine ointment was not medically necessary as the injured worker was not a candidate for that prescription. It was noted guidelines do not support the use of a new form of topical Lidocaine other than Lidoderm patches for the purpose of management of neuropathic pain. A request has been made for Lidocaine 5% ointment #1 with 2 refills at this time. Determination non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment #1 with 2 refills: Upheld

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

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

Decision rationale: The submitted records indicate that the injured worker has not failed lesser medications as requested by guidelines. Guidelines would state that there should be documentation of evidence of a 1st line therapy such as a tricyclic SNRI antidepressant or medications such as Gabapentin or Lyrica prior to use of this medication. Guidelines also indicate that Lidocaine is not recommended other than in a Lidoderm patch for neuropathic pain. This request is not considered medically necessary at this time.