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| Case Number: | CM14-0012268 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 11/13/2007 |
| Decision Date: | 08/18/2014 | UR Denial Date: | 12/30/2013 |
| Priority: | Standard | Application Received: | 01/30/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine 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:

This is a 39-year-old male with an 11/13/2007 date of injury, when cashiering and Listing the town of mail from the scanner to turn still, and something pop in my left shoulder. 12/30/13 determination was modified. Certification was rendered for Flexeril and Tylenol #3, and a non-certification was given for Lidoderm viscous 2% mucous membrane solution. Reasons for non-certification included no mention of painful mucous membrane sores. 12/11/13 medical report Identifies improvement in symptoms since last visit. Pain associated symptoms are described as aching mild neck muscle tightness with decrease in frequent headaches. Reports doing very well after spinal cord stimulator placement. Healed surgical scars from spinal cord stimulator. Range of motion improved all planes, mild tightness with extension and flexion. There is extensive mild tenderness over the right lateral pass cervical muscles. Within the pharmacy orders there is a prescription for lidocaine viscous 2% mucous membrane solution to be applied PRN for mouth sore pain x 30 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm viscous 2% mucous membrane solution 1 app, topical number 100 ml two(2) refills: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://www.drugs.com/pro/lidocaine-oropharyngeal-solution.html>.

Decision rationale: The FDA states that Lidocaine Hydrochloride Oral Topical Solution USP, 2% (Viscous) is indicated for the production of topical anesthesia of irritated or inflamed mucous membranes of the mouth and pharynx. While the medical report stated that the requested lidocaine was intended to be used for mouth sores, the report did not further document a mouth examination with the presence of sores or any subjective complaints of such. There was no rationale documented for the use of this medication and therefore, the medical necessity was not substantiated. The request is not medically necessary.