

Case Number:	CM14-0114030		
Date Assigned:	08/01/2014	Date of Injury:	08/28/2013
Decision Date:	09/12/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/21/2014

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 Orthopedic Surgeon and is licensed to practice in California & Washington. 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 48-year-old male who reported an injury on 08/28/2013. The mechanism of injury involved a fall. The current diagnoses include degeneration of cervical intervertebral disc, degeneration of lumbar intervertebral disc, low back pain, neck pain, and wrist pain. The injured worker was evaluated on 07/01/2014 with complaints of low back pain, bilateral knee pain, and bilateral wrist pain. It is noted that the injured worker was pending a consultation with an orthopedic specialist and a psychologist. The current medication regimen includes lidocaine 5% topical ointment, naproxen, omeprazole, and tramadol. Physical examination revealed no acute distress, full cervical range of motion, full shoulder range of motion, normal motor strength in the upper extremities, intact sensation, positive Hoffman's testing on the left, negative Spurling's maneuver, a nonantalgic gait, limited lumbar range of motion, tenderness to palpation in the lower lumbar paraspinal muscles, and intact sensation in the lower extremities. Treatment recommendations at that time included continuation of the current medication regimen. A Request for Authorization form was then submitted on 07/02/2014 for lidocaine 5% topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Lidocaine 5% Topical Ointment 50 gms X 2 Tubes: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112-113.

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

Decision rationale: California MTUS Guidelines state topical lidocaine in the formulation of a dermal patch has been designated by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine is indicated for neuropathic pain. Therefore, the current request cannot be determined as medically appropriate. There is also no frequency listed in the request. Therefore, the request for Topical Lidocaine 5% Topical Ointment 50 gms X 2 Tubes is not medically necessary and appropriate.