MAXIMUS Federal Services

Case Number:	CM14-0119206		
Date Assigned:	08/06/2014	Date of Injury:	05/18/2010
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/29/2014

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, Pain Medicine and is licensed to practice in Florida. 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 40-year-old female with a reported date of injury on 05/18/2010. The mechanism of injury was noted to be repetitive trauma. Her diagnoses were noted to include lumbar discogenic pain, right carpal tunnel syndrome, myoligamentous pain, upper/mid back pain, bilateral dorsal wrist pain/consistent with degenerative tear, early chronic pain syndrome, and neck pain with left trapezius pain. Her previous treatments were noted to include trigger point injections, caudal epidural injections, H-wave, acupuncture, physical therapy, and medications. The progress note dated 06/25/2014 revealed the injured worker complained increased muscle pain over her coccyx. The physical examination of the cervical spine revealed range of motion restricted with flexion and extension. The examination of the paravertebral muscles noted tenderness and tight muscle band across both sides. Mild tenderness was noted at the paracerivcal muscles, trapezius, the left side was worse. The Spurling's maneuver caused pain to the muscles of the neck but no radicular symptoms. The physical examination of the thoracic spine noted tenderness and tight muscle bands to the paravertebral muscles on both sides. The physical examination of the lumbar spine noted range of motion restricted secondary to pain and upon palpation of the paravertebral muscles, tenderness and tight muscle banding noted across both sides. Lumbar facet loading was negative on both sides as well as straight leg raise testing and Faber testing. The patellar jerk was 2/4 on both sides. The motor examination noted motor grip strength was 4/5 on both sides. On sensory examination, the light touch sensation was decreased over the medial hand, lateral hand on the right side, and patchy in distribution. The request for authorization form was not submitted within the medical records. The request was for lidocaine hydrochloride 2% gel apply sparing to affected body part 2 to 3 times a day as needed, Senekot 1 to 2 at bedtime as needed for constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine HCL 2% Gel: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-112 Page(s): 111-112..

Decision rationale: The request for lidocaine HCL 2% gel is not medically necessary. The injured worker is unable to take NSAIDs, which is why the lidocaine gel was prescribed. The California Chronic Pain Medical Treatment Guidelines recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines' indications for lidocaine is neuropathic pain such as for localized peripheral pain after there has been evidence of after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressant or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm), has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines recommend lidocaine for neuropathic pain in the form of a Lidoderm patch which has been designated for orphan status by the FDA. Therefore, lidocaine gel is not appropriate per the guidelines. As such, the request is not medically necessary.

Senokot QTY: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating therapy, page 77 Page(s): page 77.

Decision rationale: The request for Senekot, quantity 60, is not medically necessary. The injured worker has complained of severe constipation. The California Chronic Pain Medical Treatment Guidelines recommend prophylactic treatment of constipation when initiating an opioid. The injured worker has complaints of constipation with the utilization of Percocet. However, the injured worker already has other constipation medications and the Senekot was discontinued by her gastric bypass surgeon. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.