

Case Number:	CM14-0138311		
Date Assigned:	09/05/2014	Date of Injury:	11/18/2002
Decision Date:	10/09/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/26/2014

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 & Rehabilitation, 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:

The injured worker is a 39-year-old female who reported an injury on 11/18/2002. Mechanism of injury was due to falling of a tall foot ladder and landing on concrete. The injured worker has diagnoses of syndromes cervicobrachial, sciatica, lumbar displacement without myelopathy, generalized anxiety disorder, lumbago, panic attacks, and unspecified major depression. Past medical treatment consists of bracing of the knees bilaterally and medication therapy. Medications include Frova, lidocaine 5% ointment, ketamine, Xanax, hydrocodone/APAP, Ondansetron, Sprix nasal spray, glucosamine chondroitin, Celebrex, Zolof, and pantoprazole. The injured worker underwent an MRI of the cervical spine 04/18/2008, MRI of the lumbar spine without contrast dated 04/18/2008, MRI of the right knee on 06/24/2003, and an MRI of the lumbar spine 05/30/2003. On 08/26/2014, the injured worker complained of low back pain. Physical examination revealed that the pain rate was 8/10 on VAS. The injured worker had no edema or tenderness in any of the extremities. It was also noted that the injured worker had normal muscle tone without atrophy in all extremities. The submitted report lacked any evidence of range of motion, muscle strength, or sensory deficits that the injured worker may have had. The treatment plan is for the injured worker to continue the use of lidocaine 5% ointment. The rationale or Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Lidocaine Page(s): 112.

Decision rationale: California MTUS states lidocaine is a transdermal application, which is recommended for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first line therapy, such as a tricyclic or SNRA antidepressants or an AED such as Gabapentin or Lyrica. No other commercially approved topical formulation of lidocaine, whether creams, lotions, or gels are indicated for neuropathic pain. Nondermal patch formulations are generally indicated as local anesthetics and antipruritic. In 02/2007, the FDA notified consumers and healthcare professionals of the potential hazards of the use of topical lidocaine. Those at particular risk were individuals that applied large amounts of the substance over large areas, left the product on for a long period of time, or used the agent with occlusive dressings. Systemic exposure was highly variable among patients. Only FDA approved products are currently recommended. Given the above, the injured worker is not within the MTUS recommended guidelines. The submitted documentation lacked any evidence of the efficacy of the medication. Additionally, the submitted documentation did not indicate that the injured worker had a congruent diagnosis of neuropathic pain. Furthermore, the submitted report did not indicate if the injured worker had trialed and failed any antidepressants or anticonvulsants. The request as submitted did not specify where the lidocaine was going to be used on the injured worker. The request did not indicate a frequency, dosage, or duration of the medication. As such, the request for Lidocaine 5% Ointment is not medically necessary.