

Case Number:	CM14-0167704		
Date Assigned:	10/15/2014	Date of Injury:	09/08/2013
Decision Date:	12/05/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/10/2014

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 Occupational 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:

According to the records made available for review, this is a 31-year-old female with a 9/8/13 date of injury. At the time (9/23/14) of the Decision for Lidocaine 6% hyaluronic 2% acid in patch form QTY: 120 and Lidocaine 6% hyaluronic acid 2% in cream form 120gm with 2 refills, there is documentation of subjective (low back radiating to lower extremities, right shoulder pain with stiffness, and left wrist numbness/tingling) and objective (tenderness over paravertebral muscle, decreased lumbar as well as shoulder range of motion, and positive hawkin's sign) findings, current diagnoses (lumbago, left de Quervain's/left wrist sprain/strain, and shoulder sprain/strain), and treatment to date (medications (including ongoing treatment with Etodolac, Tramadol, and Cyclobenzaprine)). Regarding Lidocaine 6% hyaluronic 2% acid in patch form QTY: 120, there is no documentation of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 6% hyaluronic 2% acid in patch form QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 56-57.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identify documentation of neuropathic pain after there has been evidence of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica), as criteria necessary to support the medical necessity of a lidocaine patch. Within the medical information available for review, there is documentation of diagnoses of lumbago, left de Quervain's/left wrist sprain/strain, and shoulder sprain/strain. In addition, there is documentation of neuropathic pain. However, there is no documentation of failure of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica). Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 6% hyaluronic acid 2% in patch form QTY: 120 is not medically necessary.

Lidocaine 6% hyaluronic acid 2% in cream form 120 gm with 2 refills: Upheld

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

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

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbago, left de Quervain's/left wrist sprain/strain, and shoulder sprain/strain. However, the requested Lidocaine 6% hyaluronic acid 2% in cream form contains at least one drug (Lidocaine (in cream) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine 6% hyaluronic acid 2% in cream form 120 gm with 2 refills is not medically necessary.