

Case Number:	CM14-0177461		
Date Assigned:	10/30/2014	Date of Injury:	10/24/2005
Decision Date:	12/08/2014	UR Denial Date:	09/28/2014
Priority:	Standard	Application Received:	10/27/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 50 year old male with date of injury 10/24/2005. The mechanism of injury is not stated in the available medical records. The patient has complained of neck pain radiating to the shoulders since the date of injury. He has been treated with physical therapy, TENS unit and medications. There are no radiographic reports included for review. Objective: decreased and painful range of motion of the cervical spine, tenderness to palpation of C5-6, C6-7, left acromioclavicular joint, left supraspinatus muscle; positive Hawkin's sign left shoulder. Diagnoses: cervicgia, cervical closed C6. Treatment plan and request: Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine cream 1 %, 30 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topicals Page(s): 111.

Decision rationale: This 50 year old male has complained of neck pain radiating to the shoulders since date of injury 10/24/2005. He has been treated with physical therapy, TENS unit and medications. The current request is for Lidocaine cream. Per the MTUS guidelines cited

above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidocaine cream is not indicated as medically necessary.