

Case Number:	CM14-0179300		
Date Assigned:	11/03/2014	Date of Injury:	07/18/2011
Decision Date:	12/09/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/28/2014

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 and Rehabilitation, has a subspecialty in Interventional spine 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 patient is a 50 year old with an injury date on 7/18/11. Patient complains of persistent cervical pain rated 4/10, chest wall pain rated 6/10, and lower lumbar pain rated 3/10 per 8/26/14 report. Patient states that Lidocaine gel has helped him significantly for burning/stabbing pain in thoracic chest wall per 8/26/14 report. Based on the 8/26/14 progress report provided by [REDACTED] the diagnoses are: 1. Chest wall pain 2. Lower back pain 3. Mid thoracic pain 4. Neck pain 5. S/p right rotator cuff repair 6. S/p thoracic and lumbar fusion 7. S/p thoracotomy and tracheal repair 8. S/p ORIF right femur fracture. Exam on 8/26/14 showed "limited mobility in the thoracic and lumbar spine. Dysesthesia noted to light touch along surgical scar tissue from T6 to T10." Patient's treatment history includes cortisone injections, gym exercises, physical therapy for right shoulder, electro-acupuncture treatments. [REDACTED] is requesting lidocaine gel 2% apply 2 to 4 grams QID. The utilization review determination being challenged is dated 9/26/14. [REDACTED] is the requesting provider, and he provided treatment reports from 2/6/14 to 8/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine gel 2% apply 2 to 4 grams qid: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) TUS, Topical Analgesics Page(s): 56-57, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Lidoderm

Decision rationale: This patient presents with neck pain, chest wall pain, and lower back pain. The treater has asked for Lidocaine Gel 2% apply 2 to 4 grams QID on 8/26/14. Regarding topical lidocaine, MTUS recommends it for "localized peripheral pain," and for neuropathic pain, after other agents have been tried and failed. MTUS specifically states, however, that only the dermal patch form of lidocaine is indicated. In this case, the requested lidocaine is not indicated per MTUS guidelines. The request is not medically necessary.