MAXIMUS Federal Services

Case Number:	CM14-0030091		
Date Assigned:	06/20/2014	Date of Injury:	01/23/2007
Decision Date:	07/22/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine and Rehabilitation 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 53-year-old female with a date of injury of 01/23/2007. The listed diagnoses per [redacted] dated 01/28/2014 are: 1. Cervical spine sprain/strain. 2. Gastritis iatrogenic. 3. Left lower extremity radiculopathy. 4. Meralgia paresthetica. 5. Shoulder sprain/strain. 6. Anxiety. 7. Depression. According to the report, the patient complains of frequent pain in the cervical spine, right shoulder, lower back pain, and left leg pain. The patient states that aqua therapy has been helping, and she has completed 12 sessions. She also states that topical creams help as well. The objective findings shows there is continue painful flexion in the lumbar spine bilaterally, paraspinous columns. The utilization review denied the request on 02/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido cream apply as needed for pain: Upheld

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

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

Decision rationale: This patient presents with chronic shoulder, low back, left leg, and neck pain. The treater is requesting Xolido cream. The MTUS Guidelines page 111-112 on topical analgesics states that it is recommended as an option primarily for neuropathic pain when trial of antidepressants and anticonvulsants have failed. In addition, no other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and antipruritics. Xolido cream is topical lidocaine hydrochloride 2% that is use for pain relief. In this case, lidocaine is not indicated in formulations other than a dermal patch and Xolido is a cream. Recommendation is for denial.