

Case Number:	CM14-0030330		
Date Assigned:	08/15/2014	Date of Injury:	02/04/2000
Decision Date:	09/29/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/24/2014

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 Nevada. 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 records presented for review indicate that this 42 year old female was reportedly injured on February 4, 2000. The mechanism of injury is listed as living a large heavy box. The most recent progress note, dated July 18, 2014, indicates that there are ongoing complaints of low back pain and left lower extremity pain. Current medications include Cymbalta, Lidocaine Ointment, Cyclobenzaprine, Lansoprazole, Relafen, Senna, Methadone, Norco, and MiraLAX. The physical examination demonstrated a normal neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes lumbar spine surgery. A request was made for Lidocaine 5 percent ointment and was not certified in the preauthorization process on December 19, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION FOR 200 TUBES LIDOCAINE 5% OINTMENT, APPLY TO THE LOW BACK, 3 TIMES A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 11th ed. McGraw Hill 2006, and on the Physician's Desk Reference, 65th ed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines support the use of topical Lidocaine for individuals with neuropathic pain that have failed treatment with first line therapy including antidepressants or antiepilepsy medications. The most recent progress note, dated July 18, 2014, fails to document signs or symptoms consistent with neuropathic pain or a trial of first line medications. As such, this request for Lidocaine 5 percent ointment is not medically necessary.