

Case Number:	CM14-0030439		
Date Assigned:	06/20/2014	Date of Injury:	09/27/2007
Decision Date:	09/17/2014	UR Denial Date:	02/14/2014
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, Pain Medicine and is licensed to practice in Ohio and Texas. 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 injured worker is a female with an unknown date of birth who reported an injury on 09/17/2007. The mechanism of injury was unknown. She was noted to have a diagnosis of status post right index finger proximal interphalangeal joint level amputation with severe sensory loss and history of psychological disturbances and headaches as per appropriate specialist. In a clinical examination dated 05/17/2011, the injured worker was noted to have had an MRI of her right hand. She reported pain in her right index finger stating it comes and goes with lifting anything heavy for a period of time. She described her pain as burning. There was no swelling, some noted mild numbness and weakness to the right hand which caused her to drop things in the past. The physical examination noted decreased strength with gripping. The injured worker is not currently taking any medications. The examination lacks a treatment plan. The provider's rationale for the request is not noted within the documentation and a Request for Authorization Form is not within the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine ointment 5% #1: 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): 111-112.

Decision rationale: The request for lidocaine ointment 5% quantity 1 is not medically necessary. The California MTUS Chronic Pain Medical Treatment Guidelines indicate topical analgesics primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidocaine is recommended for localized peripheral pain. Topical lidocaine, in the formulation of a dermal patch, Lidoderm, has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulation of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. In addition to the guidelines not recommending any other formulation of lidocaine besides a dermal patch; the request fails to indicate a dosage and frequency. As such, the request for lidocaine ointment 5% quantity 1 is not medically necessary.