

Case Number:	CM14-0035803		
Date Assigned:	06/23/2014	Date of Injury:	09/13/2010
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 Neurological Surgery 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 injured worker is a 33-year-old female who was reportedly injured on September 13, 2010. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated January 3, 2014, indicated that there were ongoing complaints of low back pain with leg pain. Cold weather worsened the symptomatology. The physical examination demonstrated a 5'3", 140 pound individual to be normotensive and in no acute distress. There was tenderness to palpation of the lumbar paraspinal musculature. A decrease in range of motion was noted. Diagnostic imaging studies objectified degenerative changes in the lumbar spine. Previous treatment included acupuncture, multiple medications, and other conservative measures. A request had been made for lidocaine ointment and was not certified in the pre-authorization process on March 6, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Ointment 5% 35.44gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California Medical Treatment Utilization Schedule supports the use of topical lidocaine for individuals with neuropathic pain who have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Based on the clinical documentation provided, the claimant has ongoing complaints of low back pain with no physical examination findings to suggest a neuropathic lesion. The imaging studies noted the gender changes, no specific nerve root encroachment and there were no electrodiagnostic studies to suggest a radiculopathy. As such, the request is considered not medically necessary.