

Case Number:	CM14-0046949		
Date Assigned:	07/02/2014	Date of Injury:	03/01/2004
Decision Date:	08/19/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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 & 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 55-year-old male with an injury date of 03/01/04. Based on the 04/30/14 progress report provided by [REDACTED], the patient complains of neck pain, left wrist pain, left shoulder pain, and left knee pain. He has numbness and tingling in bilateral hands, left worse than right. Due to limitation of daily activity, the patient sometimes feels depressed. The patient's diagnoses include the following: 1. Discogenic cervical condition with facet inflammation. Associated with that, the patient has headaches 2. Impingement syndrome of the shoulder on the left status post decompression and labral repair 3. Mid-back sprain 4. Cubital tunnel syndrome on the left status post transposition 5. Carpal tunnel syndrome bilaterally status post decompression in both with infection on the left wrist requiring multiple interventions 6. Internal derangement of the knee on the left, for which surgery is pending 7. The patient has element of depression, sleep, and stress 8. Weight gain of 60 pounds. [REDACTED] is requesting for 1 prescription of LidoPro lotion 4 ounces. The utilization review determination being challenged is dated 04/09/14. [REDACTED] is the requesting provider, and he provided one treatment report from 04/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of LidoPro lotion 4 ounces: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the 04/30/14 report by [REDACTED], the patient has neck pain, left wrist pain, left shoulder pain, and left knee pain. He has numbness and tingling in bilateral hands. The left hand is worse than the right hand. The request is for 1 prescription of LidoPro lotion 4 ounces. According to MTUS guidelines, page 111, Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin and norepinephrine reuptake inhibitors (SNRI), anti-depressants or an antiepileptic drug (AED) such as Gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The MTUS guidelines does not support lotion formulation of lidocaine for neuropathic pain, therefore LidoPro lotion is not medically necessary.