

Case Number:	CM14-0063504		
Date Assigned:	07/11/2014	Date of Injury:	03/18/1999
Decision Date:	09/18/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/06/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 50-year-old female who reported an injury on 03/18/1999. The mechanism of injury was not provided within the medical records. The clinical note dated 06/10/2014 indicated diagnoses of chronic pain syndrome and knee pain. The injured worker reported ankle and knee pain. The injured worker reported she felt her pain had been manageable with medications; however, she forgot to take her medication and her knee and ankle pain had been much worse. On physical examination of the right ankle, the injured worker reported right ankle pain described as stabbing. The injured worker reported her pain 9/10. Alleviating factors were resting and elevation. Aggravating factors were walking. The injured worker participated in physical therapy and reported it helped a little bit. The injured worker reported knee pain to bilateral knees, described as sharp, rated 8/10 that was chronic. Alleviating factors were rest, stretching, and narcotics. Aggravating factors were standing too long, walking too long, and cold weather. The injured worker reported previous physical therapy did not help. On physical examination, tenderness to the right knee at the medial patellar facet, and anterior pole patella, and the superior pole patella; the medial femoral condyle, the lateral joint line, and the medial joint line. The injured worker had tenderness of the patella bursa in the fat pad, to the soft tissue on the right. The injured worker's range of motion was decreased to the right knee. The injured worker's ankle reflex on the right was too painful to test. The inspection of the ankles and feet revealed swelling on the lateral malleolus, and palpation of the ankle and feet revealed tenderness of the lateral ankle and lateral malleolus. The injured worker's treatment plan included return for followup. The injured worker's prior treatments included diagnostic imaging, physical therapy, and medication management. The injured worker's medication regimen included Ambien, diazepam, diclofenac, fentanyl, hydromorphone, lidocaine 5%, OxyContin,

and trazodone. The provider submitted a request for lidocaine ointment. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Ointment 5% 50gm 2 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-112.

Decision rationale: The request for Lidocaine Ointment 5% 50 gm with 2 refills is not medically necessary. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is only recommended in the formulation of the dermal patch Lidoderm. Therefore, Lidocaine is not recommended per the guidelines. Furthermore, the request did not indicate a frequency or quantity. In addition, there was a lack of documentation of efficacy and functional improvement with the use of this medication. Therefore, the request for Lidocaine is not medically necessary.