

Case Number:	CM14-0064710		
Date Assigned:	07/11/2014	Date of Injury:	04/09/2008
Decision Date:	09/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/07/2014

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 Family Medicine and is licensed to practice in Arizona. 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 60 year old female with a date of injury on 4/9/2008. The diagnoses include cervical pain, lumbar radiculopathy, spinal degenerative disc disease, and lumbar region sprain. Subjective findings are of neck pain with radiation down arms, low back pain with radiation to the legs, as well as left shoulder pain. Pain is rated as 8/10 with medications, and 10/10 without medication. Physical exam shows decreased cervical range of motion, and lumbar paravertebral muscle tenderness. Medications include Pristiq, Neurontin, Lidocaine 5% ointment, Dexilant, and Trazodone. Records indicate that the patient had previously used Lidoderm patches, but that Lidocaine 5% ointment provided better pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

Decision rationale: The California MTUS states that topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy.

Lidocaine in the form of Lidoderm is only FDA approved for post-herpetic neuralgia. Formulations that do not involve a dermal-patch system are generally indicated as local anesthetics and antipruritics, and not for neuropathic pain. For this patient, records indicate that the patient has utilized first-line therapy (Neurontin) and that Lidocaine ointment was more efficacious than previously prescribed Lidoderm. Therefore, the request for Lidocaine ointment is consistent with guideline recommendations, and the medical necessity is established.