

Case Number:	CM14-0065971		
Date Assigned:	09/18/2014	Date of Injury:	10/08/2007
Decision Date:	10/16/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	05/09/2014

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 General Preventive Medicine and is licensed to practice in Washington. 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:

This employee is a 48 year old male with date of injury of 10/8/2007. A review of the medical records indicate that the patient is undergoing treatment for bilateral wrist and elbow pain. Subjective complaints include 5/10 pain in his head, neck, shoulder, elbows and wrist. Objective findings include pain upon palpation of bilateral wrists with some decreased range of motion. Treatment has included Lyrica and Lidocaine cream. The utilization review dated 4/21/2014 non-certified Lidocaine cream 5% 120g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Lidocaine Cream 5% 120 G between 04/10/14 and 06/16/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines - Lidocaine topical.

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

Decision rationale: California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and

anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. California (MTUS) states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG also states that topical Lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." California MTUS states regarding Lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an antiepileptic drugs (AED) such as gabapentin or Lyrica)." California MTUS indicates Lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and Lidocaine is also not indicated for non-neuropathic pain. ODG states regarding Lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. Therefore, the request for Lidocaine cream 5% 120g is not medically necessary.