

Case Number:	CM14-0066798		
Date Assigned:	07/11/2014	Date of Injury:	07/09/2009
Decision Date:	08/29/2014	UR Denial Date:	04/24/2014
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 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 62-year-old female who reported an injury on 07/09/2009. The diagnosis was pain in joint, lower leg. The mechanism of injury was not provided. The visit note of 03/05/2014 revealed the injured worker had a significant degree of pain relief, and had objective evidence of improvement in function as a result of current medications. The injured worker denied side effects, and indicated she was now able to do yoga and Pilates. The injured worker indicated she had the ability to make holiday trips and had a 70% to 80% improvement in pain. The documentation indicated anti-inflammatories were not helpful and caused undesirable side effects. The treatment plan included a topical agent to treat both spasmodic and neuropathic pain components. The injured worker's current medications included Lidocaine 5% ointment, Oxycontin 10 mg, Bupropion SR 150 mg, and Topamax 100 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment, refills: 3: Upheld

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): 56-57.

Decision rationale: The California MTUS guidelines indicate that topical lidocaine (Lidoderm) may be 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 AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The clinical documentation submitted for review indicated the injured worker had utilized this medication since at least 01/2014. There was a lack of documentation of objective functional benefit that was received. The request as submitted failed to indicate the frequency for the requested medication. There was a lack of documentation indicating a necessity for 3 refills without re-evaluation. The request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Lidocaine 5% ointment is not medically necessary.