

Case Number:	CM14-0073655		
Date Assigned:	07/16/2014	Date of Injury:	01/31/2008
Decision Date:	10/22/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/19/2014

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 Orthopedic Surgery 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 injured worker is a 63 year-old female who was reportedly injured on 1/31/2008. The most recent progress note, dated 4/9/2014, indicates that there were ongoing complaints of neck pain that radiates in the bilateral upper extremities. The physical examination demonstrated cervical spine: limited range of motion with pain. Positive tenderness to palpation of the paravertebral muscles with tight muscle band noted on the right side. Spurling's maneuver causes pain in the muscles of the neck rating to the upper extremity. No recent diagnostic studies were available for review. Previous treatment includes medications, TENS unit, and conservative treatment. A request was made for lidocaine 2% gel and was not certified in the pre-authorization process on 4/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 2% gel, 4 count with 2 refills.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26; MTUS (Effective July 18, 2009), Page(s): 56 of 127..

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. Review of the available medical records fails to document signs or symptoms consistent with neuropathic pain or a trial of first-line medications. As such, this request is not medically necessary.