

Case Number:	CM14-0074849		
Date Assigned:	07/16/2014	Date of Injury:	12/30/2001
Decision Date:	08/29/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/22/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Illinois. 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 52-year-old female with a reported date of injury on 12/30/2001. The mechanism of injury was noted to be from heavy lifting and repetitive stress. Her diagnoses were noted to include neck pain, history of cervical fusion, chronic thoracic spine pain, and chronic pain. Her previous treatments were noted to include cervical epidural Steroid injection, physical therapy, surgery, and medications. The progress note dated 03/14/2014 revealed the injured worker complained of pain at the T8 area that radiated to the front aspect of her chest. Her pain was described as stabbing, worse with bending, and denied numbness and tingling. The physical examination revealed the bilateral lower extremities had diminished range of motion and tenderness to palpation to the T9 region. The sensory examination was full and intact and the motor strength was rated 5/5 in the lower extremity. There was full range of motion noted with the bilateral upper extremities. The provider indicated the injured worker's previous cervical epidural steroid injection gave her no pain relief, likely due to interspinous strain, and would provide Lidocaine ointment and Oxycodone for 3 weeks. The progress note dated 04/04/2014 revealed the injured worker reported Lidocaine helped. The injured worker reported her pain was located in the T8 area that radiated to the front aspect of her chest. The injured worker described her pain as stabbing and reported it was worst with bending and alleviated by lying down on the bed. The physical examination revealed decreased range of motion and tenderness to palpation on the T9 region. The motor strength was rated 5/5 in the lower extremities and there was full range of motion with the bilateral upper extremities. The request for authorization form dated 04/23/2014 was for Lidocaine topical ointment 5% apply topically 3 times a day 50gm for back/neck pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Topical Ointment 5% #50 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: The request for Lidocaine topical ointment 5% 50gm #1 is not medically necessary. The injured worker has been utilizing this medication since 04/2014. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines recommend Lidocaine for localized peripheral pain after there has been evidence of a first line therapy (Tricyclic or SNRI antidepressants or anti-epileptic drugs (AED) such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The Guidelines do not recommend Lidocaine for non-neuropathic pain and there was only 1 trial that tested 4% Lidocaine for the treatment of chronic muscle pain and it showed no superiority over placebo. There is a lack of documentation regarding neuropathic pain to warrant Lidocaine. Lidoderm has been designated for orphan status by the FDA for neuropathic pain and no other commercially approved topical formulations of Lidocaine whether creams, lotions, or gels are indicated. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Lidocaine topical ointment 5% gel is not medically necessary and appropriate.