

Case Number:	CM14-0075597		
Date Assigned:	07/16/2014	Date of Injury:	10/05/2010
Decision Date:	08/14/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/23/2014

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 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 58-year-old female who reported an injury on 10/05/2010. The mechanism of injury was not provided within the medical records. The clinical note dated 03/10/2014 indicated diagnoses of lumbar facet arthropathy, lumbar radiculitis, morbid obesity, chronic pain and status post bariatric surgery gastric sleeve. The injured worker reported neck pain that radiated down the right upper extremity bilaterally to the bilateral upper extremity, low back pain that radiated down the bilateral lower extremity to the right lower extremity and ongoing occipital daily headaches. The pain was rated at 3/10 in intensity with medications, 7 - 8/10 in intensity without medication. The injured worker reported the pain had worsened since her last visit. The injured worker reported activities of daily living were limited with ambulation and sleep. The injured worker was status post radiofrequency rhizotomy at lumbar level bilaterally L4 to S1 and median branch nerve block at lumbar level bilateral L4 to S1 dated 02/21/2014. The injured worker reported minimal overall improvement 5% to 20%. The injured worker reported opiate pain medication was helpful. The time until pain relief was approximately 1 hour, she reported pain relief from each medication dose lasted 8 hours. The injured worker reported the least reported pain assessment was 2 to 3 on a scale of 1 to 10. The injured worker reported area of functional improvement included ability to attend church. On physical examination of the lumbar spine, there was tenderness to the bilateral paravertebral area L4 to S1. The range of motion of the lumbar spine was moderately limited secondary to pain. The injured worker's pain was significantly increased with flexion and extension. The injured worker's facet sign was present bilaterally. The injured worker's upper extremity exam revealed tenderness at the right elbow and ecchymosis was present at the right arm. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Fioricet, Lidocaine, and Hydrocodone/Acetaminophen.

The provider submitted a request for Lidocaine. A request for authorization dated 03/21/2014 was submitted for Lidocaine; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: California MTUS indicates that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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) Serotonin-Norepinephrine Reuptake Inhibitor anti-depressants or an (AEDs)Antiepileptic Drugs such as Gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. It was not indicated if the injured worker had tried and failed anticonvulsants or antidepressants. In addition, topical analgesics are largely experimental. Moreover, Lidocaine is only recommended as the Lidoderm patch. It is not recommended in any other commercially approved topical formulation whether creams, lotions, or gels. Per the Guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, the provider did not indicate a rationale for the request. Moreover, the request does not indicate a dosage, frequency, or quantity. Therefore, the request for Lidocaine 5% ointment is not medically necessary and appropriate.