

Case Number:	CM14-0079708		
Date Assigned:	07/18/2014	Date of Injury:	06/06/2006
Decision Date:	08/15/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	05/30/2014

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, has a subspecialty in Acupuncture and Pain Medicine 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:

This is a 46 year old female injured worker with date of injury on 6/6/06, with related shoulder, neck, and back pain. Per progress report dated 5/15/14, the injured worker complained of pain radiating down the arm from the shoulder, neck and back. Physical exam findings were not specified. The diagnostic impression noted chronic shoulder pain, degenerative joint disease (DJD), and cervicgia. She was status post C5-C6 fusion. An MRI of the cervical spine dated 9/5/06 revealed C5-C6 disc osteophyte complex resulting in moderate-to-severe central canal stenosis with C6-C7 central and left paracentral bulge. The documentation submitted for review does not state whether physical therapy was utilized. Treatment to date has included surgery and medication management. The date of UR decision was 5/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine-Prilocaine 2.5% KA QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Federal Drug Administration February 2007.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that Lidocaine is used for neuropathic pain, and is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical Lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The medical records submitted for review do not indicate that there has been a trial of first-line therapy. There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. The MTUS Guidelines do not recommend the topical formation of Lidocaine in any formulation other than Lidoderm patch for the treatment of chronic pain. As such, the request is not medically necessary.