MAXIMUS Federal Services

Case Number:	CM14-0080396		
Date Assigned:	07/21/2014	Date of Injury:	10/26/2003
Decision Date:	09/08/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/02/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 69-year-old male who was reportedly injured on October 26, 2003. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated June 18, 2014, indicated that there were ongoing complaints of left knee, left shoulder and low back pain. The Oswestry score was noted to be 72%. The review of systems noted muscle weakness and increasing depression. The physical examination demonstrated a hypertensive individual (143/79) with crepitus and a painful range of motion of the left knee. Antalgic gait pattern was noted. Decreased sensation was reported in the left 4th & 5th digits, and there is a decreased painful shoulder range of motion reported. Diagnostic imaging studies were not reviewed. Previous treatment included escalating narcotic medications, augmented with anti-epileptic drugs. A request was made for topical Lidocaine and was not certified in the pre-authorization process on May 29, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Ointment 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: As noted in the California Medical Treatment Utilization Schedule, topical Lidocaine may be recommended for localized peripheral pain after the failure of other antidepressants such as gabapentin. It is noted this individual is taking the medication Cymbalta as well as Vistaril. When noting the escalating pain complaints, the findings of physical examination, and the parameters noted in the California Medical Treatment Utilization Schedule, there is no clinical indication of any efficacy or utility with the utilization of this preparation. As such, the medical necessity cannot be established.