

Case Number:	CM14-0081862		
Date Assigned:	07/18/2014	Date of Injury:	08/22/1991
Decision Date:	09/16/2014	UR Denial Date:	05/10/2014
Priority:	Standard	Application Received:	06/03/2014

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 Occupational 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:

The injured worker is a 55 year-old male patient with a 8/22/1991 date of injury. The mechanism of injury occurred when the patient was handling equipment. A progress report dated 4/1/2014 noted diffuse abdominal pain, low back pain, and right lower extremity pain. It was stated the pain had been ongoing for many years. The report indicated that the pain was exacerbated by increased activity, and lifting. The patient stated he had a 25% decrease in pain with treatment and an increase in the level of function. The patient is on 180 morphine equivalents per day of opiate therapy. The diagnostic impression is post-laminectomy syndrome, lumbar of lumbosacral degeneration, generalized anxiety disorder, sleep disturbance, myalgia, and myositis. Treatment to date: Lumbar epidural steroid injections, surgery, and medication management. A UR decision dated 5/8/2014 denied the request for Lidocaine Ointment 5%. The rationale for denial was that CA MTUS guidelines do not support the use of topical application of lidocaine. The guidelines state the topical analgesics are largely experimental in use with few randomized studies to determine efficacy or safety. Topical analgesics are recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed.

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 Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 25, 28, 111-113.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment Guidelines state that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine 5% Ointment is a topical analgesic. The CA MTUS guidelines state that topical analgesics are largely experimental with few controlled randomized trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain after first-line trials of oral antidepressants and anticonvulsants have failed. There is no documentation of neuropathic pain in the reports or evidence of any first-line agent failures. Therefore, the request for Lidocaine Ointment 5% is not medically necessary.