MAXIMUS Federal Services

Case Number:	CM14-0083589		
Date Assigned:	07/21/2014	Date of Injury:	09/26/2012
Decision Date:	10/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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 Texas & Ohio. 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 25-year-old male with a reported date of injury on 09/26/2012. The injury reportedly occurred during a tractor accident. His diagnoses were noted to include right shoulder strain, right shoulder contusion, right rotator cuff pain, left knee strain, left knee contusion, and left knee pain. His previous treatments were noted to include medications. The progress note dated 08/18/2014 revealed left calf and shoulder pain. The physical examination revealed right shoulder pain that had improved after an injection and improved left ankle. The right shoulder had near range of motion without significant pain at the right shoulder. There is a wound that was actually keloid formation that seemed to be improved. The Request for Authorization was not submitted within the medical records. The request was for a Lidocaine pad; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine pad: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The request for Lidocaine pad is not medically necessary. The injured worker complains of shoulder and calf pain. The California Chronic Pain Medical Treatment Guidelines indicate that 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The 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 (tricyclic or SNRI antidepressants or AED such as gabapentin or Lyrica). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. There is lack of documentation regarding neuropathic pain or evidence of a trial of first line therapy with tricyclic or SNRI antidepressants or an AED. Additionally, the request failed to provide the frequency for which this medication is to be utilized. Therefore, the request is not medically necessary.