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| Case Number: | CM14-0091357 | | |
| Date Assigned: | 07/25/2014 | Date of Injury: | 11/22/2010 |
| Decision Date: | 10/15/2014 | UR Denial Date: | 05/28/2014 |
| Priority: | Standard | Application Received: | 06/16/2014 |

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 records presented for review indicate that this 53-year-old gentleman was reportedly injured on November 22, 2010. The most recent progress note, dated May 15, 2014, indicates that there were ongoing complaints of right knee pain rated at 6-7/10. Current medications include Abilify and Cymbalta. No physical examination was performed on this date. There was a diagnosis of major depression and chronic pain syndrome. Diagnostic nerve conduction studies of the lower extremities revealed a right-sided L5 and S1 radiculopathy. Previous treatment includes right ankle surgery and participation in a functional restoration program. A request has been made for Lidocaine topical 3% gel and was not certified in the pre-authorization process on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Rx 3% Topical 30 ml. Gel with six (6) refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation <http://www.drugs.com/pro/lidorx-gel.html>

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

Decision rationale: The California MTUS Guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or anti-epilepsy medications. According to the attached medical record, the injured employee is currently prescribed Cymbalta for depression which is also a first-line treatment option for neuropathic pain. Considering this, this request for Lidocaine 3% gel is not medically necessary.