

Case Number:	CM14-0189894		
Date Assigned:	11/21/2014	Date of Injury:	12/20/2004
Decision Date:	03/16/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/13/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 12/20/2004. The injured worker has complaints of constant right thigh and left ankle/foot pain associated with intermittent numbness and tingling above the affected areas. She complains of pain worse from her bilateral elbows to hands. The injured worker has had toradol injections that helps to decrease the intensity of pain x 2-3 days. The documentation noted that lidoderm patches and dendracin cream that helps to decrease intensity of the pain in the past. Work status remains as permanent stationary with permanent restrictions. According to the utilization review performed on 11/10/2014, the requested dendracin lotion 120 ml with 3 refills and lidocaine patches 4% #30 with 4 refills has been non-certified. CA MTUS guidelines recommend topical capsaicin only when first-line medications are ineffective or not tolerated; trials of first-line medications for neuropathic pain are not documented. CA MTUS guidelines other than lidoderm patch (lidocains 5%), "no other commercially approved topical formulation of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

Dendracin lotion 120 ml with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: CA MTUS recommends limited use of topical analgesics. These are primarily recommended for neuropathic pain with antidepressants and antiepileptics have failed. Capsaicin is a component of Dendracin cream and is indicated only when other agents have failed. There is no indication of failure of first line therapy and as such, the request for Dendracin cream is not medically necessary and the original UR decision is upheld.

Lidocaine patches 4% #30 with 4 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

Decision rationale: The CA MTUS states that topical lidocaine preparations such as Lidoderm may be used as second line treatment for localized peripheral pain after a first line treatment, such as tricyclic antidepressant, SNRI or AED, has tried and failed. The medical records in this case do not describe any prior treatment with a first line treatment. Therefore the use of Lidoderm is not medically necessary.