

Case Number:	CM14-0205243		
Date Assigned:	12/17/2014	Date of Injury:	02/13/2008
Decision Date:	02/09/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/08/2014

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 Rehab, has a subspecialty in Pain 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 49-year-old female who reported injury on 02/13/2008. The mechanism of injury was not submitted for review. The injured worker has a diagnosis of cervical myofasciitis and bilateral thoracic outlet syndrome. Past medical treatment consists of the use of TENS unit, trigger point injections, epidural steroid injections, physical therapy, and medication therapy. Medications consist of topical analgesia. No diagnostics were submitted for review. On 11/05/2014, the injured worker complained of neck pain that radiated into the occipital region primarily in the left side with a pressure like feeling. She also stated that she was having difficulty using the right upper extremity and overcompensated by using the left upper extremity. The injured worker rated the pain at a 7/10 to 10/10 in severity. Physical examination of the cervical spine revealed intact sensibility. Motor strength was 5/5 throughout both upper extremities. There was no atrophy appreciated. Left scalene muscles were spastic with moderate tenderness over the left C5-6 and C6-7. Range of motion with forward flexion was 55 degrees, extension 50 degrees with slight pain, bilateral lateral flexion was 45 degrees with slight pain bilaterally, right rotation 80 degrees with slight pain pulling on the left, and left rotation was 70 degrees with moderate pain referring to the left cervical brachial junction. Medical treatment plan is for the injured worker to continue with the use of a TENS unit and topical analgesia. The provider feels that the continuation of the Lidoderm gel is necessary as it helps her with her pain. Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Hydrochloride 3% request (DOS 10/14/14): Upheld

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

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

Decision rationale: The request for Lido Hydrochloride 3% request (DOS 10/14/14) is not medically necessary. The California MTUS Guidelines state that topical analgesia compounds are largely experimental in the use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines also state that Lidoderm patch is the only topical form of lidocaine approved by the FDA. The submitted documentation did not indicate that the injured worker had not been responsive or was intolerant of antidepressants and anticonvulsants. Additionally, the efficacy of the medication was not submitted for review. There was no indication of what pain levels were before, during, and after medication administration. Furthermore, the documentation submitted for review lacked any evidence of failed trial of antidepressants or anticonvulsants. The request as submitted did not specify the location for the medication, nor did it indicate the dosage or frequency. Given that the MTUS do not recommend lidocaine as a topical form of analgesia, or lack of submitted evidence, the request would not be substantiated. As such, the request is not medically necessary.