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| Case Number: | CM14-0206548 | | |
| Date Assigned: | 12/18/2014 | Date of Injury: | 12/15/2004 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/10/2014 |

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 Anesthesiology, has a subspecialty in Acupuncture & 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:

63y/o female injured worker with date of injury 12/15/04 with related low back, rectal, and vaginal area pain. Per progress report dated 10/7/14, the injured worker reported that pain ranged from 5-6/10 when waking up in the morning and the pain increased with activity to 10/10. Medication did not help and she was not sleeping due to pain. She complained of constant soreness and stiffness in her right shoulder. She rated her left shoulder pain 7/10. She had radiation to the right side of her neck at rest. She also complained of neck, low back, right wrist, and right hip pain. Per physical exam, the shoulder's range of motion was limited, there was positive impingement maneuver, Neer and Hawkins' bilaterally. There was anterior glenohumeral tenderness bilaterally. Treatment to date has included TENS unit, physical therapy, and medication management. The date of UR decision was 11/12/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 tube of Lidocaine 5% ointment: 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): 111-112.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines p112 states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines only recommend topical Lidocaine in the form of patches. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED), nor do they detail neuropathic pain. There is no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, Lidocaine ointment is not recommended at this time. The request is not medically necessary.