

Case Number:	CM14-0207263		
Date Assigned:	12/19/2014	Date of Injury:	03/04/2014
Decision Date:	02/10/2015	UR Denial Date:	11/13/2014
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 Internal 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 (IW) is a 61-year-old woman with a date of injury of March 3, 2014. The mechanism of injury was not documented in the medical record. The injured worker's working diagnoses are myofascial pain; and lumbago. Pursuant to the progress note dated October 28, 2014, the IW complains of low back pain. The IW had improvement with prior trigger point injections approximately 1 month ago. She reports she only takes Mobic on an as needed basis. She denies any radicular symptoms. Examination of the lumbar spine reveals pain on palpation of the lumbar paraspinals. Range of motion (ROM) is limited. There is no tenderness to palpation or spasms noted from T1 to T12 bilaterally. Thoracic ROM is normal in all planes. The treating physician reports he will repeat the trigger point injection at this visit (10/28/14). There was no mention of Lidoderm patches, aside from the request for authorization in the medical record. The current request is for Lidocaine ointment 5% #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidocaine 5% #30 with a dos of 10/30/2014: 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 Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Section, Topical Analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective request lidocaine ointment 5% (or patch) #30 date of service October 30, 2014 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy or safety. They are primarily recommended 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. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with the creams, lotions or gels are indicated for neuropathic pain. In this case, the worker is 61 years old and the date of injury March 4, 2014. The injured workers working diagnosis is low back pain and L2/L3 lumbar facet syndrome with great benefit from medial branch blocks; and myofascial pain. Any compounded product that contains at least one drug (Lidocaine ointment or patch) that is not recommended is not recommended. Topical Lidocaine ointment is not recommended or commercially approved for neuropathic pain. Consequently, topical lidocaine ointment 5% is not approved for neuropathic pain and, therefore, retrospective request lidocaine ointment 5% (or patch) #30 date of service October 30, 2014 is not medically necessary.