

Case Number:	CM14-0218347		
Date Assigned:	01/08/2015	Date of Injury:	03/11/2010
Decision Date:	04/07/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57-year-old male, who sustained an industrial injury on 3/11/10. He has reported neck and back injury. The diagnoses have included cervical radiculitis and lumbar radiculitis. Treatment to date has included medications and Home Exercise Program (HEP). Currently, the injured worker complains of low back pain that radiates down the right lower extremity and the right knee. The pain is aggravated by activity. The pain is rated 4/10 on pain scale with medication and 7/10 without medication. The pain is unchanged since last visit. The current medications included Naproxen, Hydrocodone, Gabapentin, and Lidocaine gel, Lipitor, Lisinopril and Lopressor. The nerve conduction studies dated 10/18/2 revealed abnormal study compatible with left radiculopathy. Physical exam of the lumbar spine revealed tenderness bilaterally with pain increased significantly with flexion and extension. The injured worker was observed to be in moderate distress. He reports that the use of Home Exercise Program (HEP) and current medication is helpful. He reports 70 percent improvement due to this therapy. He is able to perform activities of daily living (ADL's) with decreased pain and increased function. There was no previous therapy sessions noted. Work status was currently not working. On 12/5/14 Utilization Review non-certified a request for Lidocaine 2% ointment #60, noting the (MTUS) Medical Treatment Utilization Schedule chronic pain topical agents guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocain 2% ointment #60: 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 section Page(s): 111-113.

Decision rationale: Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. The request for lidocaine 2% ointment #60 is determined to not be medically necessary.