

Case Number:	CM15-0003988		
Date Assigned:	01/21/2015	Date of Injury:	12/30/2005
Decision Date:	03/23/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/07/2015

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, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female who reported an injury on 12/30/2005. The mechanism of injury was a motor vehicle accident. The injured worker was noted to undergo multiple MRIs for the lumbar spine, cervical spine, and MRIs for the bilateral shoulders. Diagnoses included lumbar radiculopathy, headaches, chronic pain, status post dental trauma, and chronic pain. The documentation of 12/08/2014 revealed the injured worker had subjective complaints of neck pain radiating to the bilateral lower extremities and low back pain radiating to the bilateral extremities, as well as upper and lower extremity pain. The pain was noted to be an 8/10 with medications and a 10/10 without medications. The injured worker reported frequent GERD related medication associated gastrointestinal upset. Prior therapies included home exercise and a TENS unit. The injured worker indicated that the pain relief lasts approximately 8 hours and the injured worker has 90% improvement due to therapy. The areas of functional improvement include bathing, caring for pet, cleaning, combing and washing hair, concentrating, performing hobbies, doing laundry, dressing, exercising at home, and gardening, mood, standing in line, vacuuming, and washing dishes. Physical examination revealed the injured worker had spasms in the cervical spine and spinal vertebral tenderness. The injured worker had tenderness to palpation in the spinal vertebral area at L4 to S1 and there were spasms in the lumbar spine. There was tenderness in the bilateral anterior shoulders. The treatment plan included the injured worker had trialed and failed cortisone, Demerol, Flexeril, ibuprofen, lidocaine 2% ointment, Lidoderm 5% patch, Motrin, Neurontin, Norco, omeprazole, Prilosec, Prozac, and Tizanidine. It was indicated the Lidoderm patch and lidocaine ointment were not

authorized. The treatment plan included a home exercise program, smoking cessation, and a TENS unit. Additionally, the injured worker was noted to be prescribed the medication cyclobenzaprine 10 mg 1 tablet every 8 hours as needed for spasms, Neurontin 300 mg 1 four times a day, Colace 100 mg for constipation, tramadol hydrochloride 50 mg tablets 1 every 8 hours, lidocaine 5% ointment applied to affected area twice a day, and Topiramate 25 mg tablets. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5%, quantity: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The documentation failed to indicate a failure of antidepressants or an AED such as gabapentin or Lyrica. The clinical documentation submitted for review indicated the prescription was for topical 5% cream. This is not an approved formulation for the medication. The request as submitted failed to indicate the frequency for the requested medication, as well as the body part to be treated. Given the above, the request for Lidoderm 5% quantity 60 is not medically necessary.