

Case Number:	CM15-0008986		
Date Assigned:	01/27/2015	Date of Injury:	03/31/2010
Decision Date:	03/17/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/15/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 46 year old female with a date of injury as 03/31/2010. The cause of the injury occurred when the worker was driving and while waiting at a stop sign she was rear-ended. The current diagnoses include bilateral neurogenic thoracic outlet syndrome, post op on the left with persisting neuropathic pain with allodynia, post traumatic headache, post traumatic cervical, and thoracic strain. Previous treatments include medications, orthotic vest. Report dated 08/18/2014 noted that the injured worker presented with complaints that included neuropathic pain. Physical examination revealed edema in the left supraclavicular area, abnormal venous emptying, and markedly positive neural tension signs. Documentation submitted did not include a list of current medications or a rationale for the requested treatment. The utilization review performed on 12/24/2014 non-certified a prescription for Lidocaine 4% ointment based on lack of supporting clinical evidence. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 4% ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case there is no documentation that the patient has failed treatment with first-line therapies. Topical lidocaine is not indicated. The request should not be authorized.