

Case Number:	CM15-0101097		
Date Assigned:	06/03/2015	Date of Injury:	07/15/2013
Decision Date:	07/07/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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

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 was a 64 year old female, who sustained an industrial injury, July 13, 2013. The injured worker previously received the following treatments Naproxen, Nabumetone, Ambien, Biofreeze, Lidoderm patches, Tylenol and Therma-care and epidural injections and left hand and wrist brace. The injured worker was diagnosed with lumbar disc herniation, lumbar radiculopathy and severe carpal tunnel syndrome. According to progress note of April 6, 2015, the injured workers chief complaint was pain in the hand. The pain was described as burning, throbbing, pins and needles and tingling in the hand. The injured worker rated the pain at 10 out of 10. The medications alleviated the pain, Nabumetone, extra strength Tylenol. The injured worker reported the pain was more severe on the left hand than the right and more severe in the middle of the back and upper back. The back pain was improved with the epidural injection. The injured worker was not currently working. The physical exam of the lumbar spine noted a negative epidural site. The injured worker was unable to walk a heels and toes for a long distance. There was no tenderness or spasms with palpation from L1 to the sacrum bilaterally. The treatment plan included prescriptions for Max-freeze gel 3.7% and Lidocaine pads.

IMR ISSUES, DECISIONS AND RATIONALES

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

Max-freeze gel 3.7% 226.8 gm: 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 Page(s): 111-113.

Decision rationale: Max-freeze gel contains: Menthol USP 4/10%, Aloe, Arnica, Boswellia, Calendula, Green Tea, Ilex, Camphor, Lemon Balm. According to the MTUS, there is little to no research to support the use of many of these Compounded Topical Analgesics. There is no peer-reviewed literature to support the use of topical Max-freeze. Max-freeze gel 3.7% 226.8 gm is not medically necessary.

Lidocaine pad 5% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56-57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 112.

Decision rationale: The MTUS recommends lidocaine patches only for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Lidocaine is currently not recommended for a non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidocaine pad 5% #60 is not medically necessary.