

Case Number:	CM15-0104108		
Date Assigned:	06/26/2015	Date of Injury:	10/26/2011
Decision Date:	08/11/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/29/2015

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: Arizona, Michigan

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 35 year old male who sustained an industrial injury on 10/26/2011. Current diagnoses include cervical pain, cervical radiculopathy, lumbar radiculopathy, cervical strain, pain in joint lower leg, and low back pain. Previous treatments included medications, physical therapy, medial branch blocks, home exercise program, radio frequency ablation, trigger point injection, acupuncture, and cognitive behavioral therapy. Report dated 05/01/2015 noted that the injured worker presented with complaints that included increased pain since last visit. Pain level was 6 (with medications) and 8 (without medications) out of 10 on a visual analog scale (VAS). Current medications include Lexapro, Trazodone, Tylenol extra strength, Amitriptyline Hcl, lidocaine 5% ointment, and Imitrex. Physical examination was positive for restricted range of motion in the cervical spine due to pain, tenderness in the rhomboids and trapezius, pain with Spurling's maneuver, cervical facet loading is positive on both sides, thoracic spine tenderness, restricted range of motion in the lumbar spine limited by pain, tenderness in the paravertebral muscles, lumbar facet loading is positive on the right side, straight leg test is positive on the right, and trigger point with radiating pain and twitch response on palpation at trapezius muscles and T10. The physician noted that the injured worker has tried and failed medications that include Celebrax, Topomax, Norco, Relpax, gabapentin, and Midrin. The treatment plan included discussing treatment options, prescriptions for Tylenol Ex-str, Lexapro, and lidocaine ointment, request for extension of physical therapy, pending request for cognitive behavioral therapy, and return in 4 weeks. Disputed treatments include lidocaine 5% ointment, #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Lidocaine 5% Ointment #1: Upheld

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

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

Decision rationale: Regarding the request for Lidocaine ointment, California MTUS cites that topical Lidocaine is recommended 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). They also note that, with an exception of a dermal patch, no commercially approved topical formulations of Lidocaine (whether cream, lotions, or gels) are indicated for neuropathic pain. Within the documentation available for review, there is documentation of localized peripheral pain and failure of first-line therapy, however, the current request is not for a dermal patch which is what is supported by the guidelines. Therefore the request for Lidocaine 5% Ointment, #1 is not medically necessary.