

Case Number:	CM15-0109185		
Date Assigned:	06/15/2015	Date of Injury:	05/14/2012
Decision Date:	07/20/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 55 year old who sustained an industrial injury on 05/14/2012. Mechanism of injury was repetitive trauma. Diagnoses include cervicalgia and ulnar nerve lesion. Treatment to date has included diagnostic studies, medications, acupuncture, physical therapy, activity modifications and cortisone injections. A physician progress note dated 05/06/2015 documents the injured worker continues to have stable mild pain and numbness to the left hand/wrist and bilateral elbows. She rates the severity of the pain as 3 on a scale of 0 to 10. She describes her pain as a throbbing, dull, aching and pressure like with muscle pain. Pain is relieved with rest, medication and lotion. On examination she has full cervical range of motion there is mild tenderness to palpation over the bilateral superior trapezius, levator scapula and rhomboid musculature. There is full range of motion of both shoulders. Treatment requested is for Lidopro 121gm #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gm #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the 1st line therapy such as tri-cyclic antidepressants, SNRIs, or anti-epileptic drugs. Guidelines go on to state that no commercially approved topical formulations of lidocaine cream, lotion, or gels are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Furthermore, guidelines do not support the use of topical lidocaine preparations which are not in patch form. As such, the currently requested Lidopro lotion is not medically necessary.