

Case Number:	CM15-0012475		
Date Assigned:	01/30/2015	Date of Injury:	02/01/1999
Decision Date:	04/02/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/22/2015

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 Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 51 year old female, who sustained an industrial injury reported on 2/1/1999. She has reported radiating neck and low back pain, post-detoxification and on continued opioid therapy, and without any relief from pain; and gastrointestinal upset, and low blood pressure, at a follow-up visit. The diagnoses were noted to have included chronic bilateral cervical radiculopathy; fibromyalgia; cervicogenic headaches; anxiety and depression; chronic pain; and status-post detoxification from Fentanyl patches, Exalgo, Nycynta & Tylenol #3. A history notes bilateral shoulder surgery. Treatments to date have included consultations; diagnostic imaging studies; nerve conduction studies and electromyogram (3/7/14); weaning and detoxification from opioids and medications (successful versus unsuccessful); transcutaneous electrical stimulation unit; and continued medication management with Butrans, Flexeril and Lidocaine Gel. The work status classification for this injured worker (IW) was noted to be permanently disabled and has remained off work since the injury, or for 15 years. On 1/7/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 12/26/2014, for Lidocaine Gel 2% #60, for peripheral neuropathy (undiagnosed). The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, topical analgesics/Lidocaine, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Gel 2% #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-131.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be 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." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidocaine gel is unclear. There is no documentation of efficacy of previous use of Lidocaine gel. Therefore, the request for Lidocaine Gel 2% #60 is not medically necessary.