MAXIMUS Federal Services

Case Number:	CM15-0131972		
Date Assigned:	07/20/2015	Date of Injury:	01/07/2002
Decision Date:	08/21/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/08/2015

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: Indiana
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 73-year-old female who sustained an industrial injury on 01/07/2002 resulting in pain to the neck and low back. Mechanism of injury was not mentioned. Treatment provided to date has included medications; and conservative therapies/care. Diagnostic tests performed include: x-rays of the cervical and lumbar spines (2009) showing mild to moderate degenerative changes to the C5, 6 and 7 levels with slight narrowing of the intervertebral disk space, and slight narrowing of the L5-S1 disc space; and MRIs of the cervical spine (2011) showing multilevel degenerative disc disease, multilevel central canal narrowing, and scattered minor neural foraminal narrowing without significant changes, and multilevel anterior cord deformities due to disc disease (per progress report dated 06/04/2015); and lumbar spine (2012) showing no changes in lesions (which likely rules out metastatic disease) or degenerative disc disease (per progress report dated 06/04/2015). Comorbidities included high blood pressure and history of thoracic meningioma. There were no other dates of injury noted. On 06/04/2015, physician progress report noted complaints of chronic slight neck and low back pain with occasional radiation into the lower extremities. No pain rating or description of the pain was provided. Current medications include Lidopro cream, Gabapentin, and hydrocodone (for non-occupational injury post-operative pain). The physical exam revealed minimal pain at C6-7, some restricted range of motion in the lumbar spine, and slightly decreased sensation in the L5 bilaterally. The provider noted diagnoses of degenerative intervertebral disc disorder (unspecified), lumbar spondylosis, and other unspecified disc disorder of the lumbar region. Plan of care includes tapering of Norco, trial of Naprosyn, increase Gabapentin to 2 per day, addition

of Lidocaine topical cream, and follow-up. The injured worker's work status is permanently modified. The request for authorization and IMR (independent medical review) includes Lidocaine 4% #30 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 4%, #30 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the MTUS guidelines: Topical Analgesic is largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The MTUS goes on to specify that "topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia." In this case, there is no diagnosis of post-herpetic neuralgia. Additionally, topical Lidocaine is not recommended in creams, lotions or gels. Therefore, topical Lidocaine 4% cream is not medically necessary.