

Case Number:	CM15-0135590		
Date Assigned:	07/23/2015	Date of Injury:	02/09/2004
Decision Date:	08/20/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/14/2015

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, Alabama, 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 75 year old female, who sustained an industrial injury on February 9, 2004. The initial diagnosis and symptoms experienced, by the injured worker, were not included. Treatment to date has included medication, home exercise program, MRI, CT scan and surgery. Currently, the injured worker complains of right lower extremity pain accompanied with hypersensitivity and difficulty walking and standing. She also reports low back pain, which is exacerbated by lifting, bending and stooping. The pain is described dull cramping, burning, weakness, ache and soreness and is severe, frequent and constant. The pain is rated 5-6 on 10 with medication and 8- 9 on 10 without it. Left foot plantar fasciitis secondary to an altered gait and early signs of reflex sympathetic dystrophy (right ankle). Her work status is temporary total disability. A note dated March 17, 2015 states the injured worker experiences efficacy from pain medication and allows her to function and engage in activities of daily living. A note dated April 28, 2015 also states therapeutic efficacy from medication allowing the injured worker to engage in self-care. The medication, Lidocaine topical 5% (700 mg) #90 is requested as it is currently part of the injured workers medication regimen, which she is receiving relief with.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Topical 5% (700mg) #90: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation that all component of the prescribed topical analgesic is effective for the treatment of chronic pain. There is no documentation of pain and functional improvement with previous use of Lidocaine. Therefore, Lidocaine Topical 5% (700mg) #90 is not medically necessary.