

Case Number:	CM15-0163406		
Date Assigned:	08/31/2015	Date of Injury:	07/31/2014
Decision Date:	10/14/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old female who sustained an industrial injury on 7-31-14 when while moving a laundry cart she felt a pop over her neck and low back. Diagnoses include chronic pain syndrome; lumbar or lumbosacral disc degeneration; thoracic or lumbosacral neuritis and radiculitis; sleep disturbances; depressive disorder; anxiety state. She currently (7-13-15) complains of severe neck pain; mid-back and low back pain; bilateral upper and lower extremity pain. The pain has been present since the injury and has not improved. On occasion, she experiences weakness of her legs and unsteadiness with tingling to the right leg. In addition, there was intermittent cramping of the hands with weakness and tingling and dropping of objects. Her pain level is 8 out of 10. Per the 7-9-15 progress note, medications are helping but cause constipation. Her sleep quality is poor. On physical exam there was tenderness of the cervical spine to palpation, decreased range of motion, positive cervical facet loading bilaterally; tenderness to palpation of the mid-back; globalized weakness to bilateral upper extremities; severe pain to palpation of the lumbar spine with decreased range of motion, positive facet loading on the left; decreased sensation to left lateral thigh; globalized weakness to bilateral lower extremities secondary to severe pain; negative straight leg raise but it caused pain; bilateral hips had full range of motion but with pain. Her activities of daily living are limited per 6-1-15 psychological progress note. Diagnostic included MRI of the lumbar spine showing mild disc degeneration, significant L5-S1 with mild posterior disc bulge; MRI of the cervical spine (4-20-15) showed mild multilevel disc degeneration with broad based disc bulges from C4-7; electrodiagnostic study (per the 2-12-15 note) indicates no signs of peripheral neuropathy. Treatments to date include medications: (current) Norco, omeprazole, naproxen, Lunesta, Lidopro 4% ointment with some benefit (prior) cyclobenzaprine, Tramadol; chiropractic

treatments without benefit; physical therapy; home exercise program; behavioral and psychological evaluation (6-1-15). Cervical epidural steroid injections and acupuncture were recommended (7-9-15) but the injured worker has a fear of needles and hesitates going ahead with this treatment. The request for authorization dated 7-14-15 indicated Lidocaine 5% ointment #1. On 7-22-15 utilization review evaluated and non-certified the request for Lidocaine 5% ointment based on lack of a trial of neuropathic pain medication without which Lidocaine cannot be certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: The claimant sustained a work injury in July 2014 and continues to be treated for neck, mid back, and low back pain with bilateral upper and lower extremity pain. When seen, there was a pending orthopedic evaluation. Omeprazole, hydrocodone / acetaminophen, naproxen, and Lidopro were being prescribed. Previous topical medications had included Terocin patches and oral medications have also included Fenoprofen, orphenadrine, cyclobenzaprine, ketoprofen, Soma, Senna, and trazodone. Physical examination findings included decreased cervical and lumbar spine range of motion with positive facet loading. There was pain with lumbar range of motion. Straight leg raising was positive. There was decreased and painful shoulder range of motion. She had decreased upper and lower extremity strength and decreased upper extremity sensation. Medications were refilled. Although Lidopro 4% ointment was being prescribed, the request that was submitted was for lidocaine ointment 5%. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with a tricyclic or SNRI anti-depressant or an anti-epilepsy drug such as gabapentin or Lyrica. In this case, there is no evidence of a failure of recommended first-line treatments. Additionally, there is a discrepancy between the medication being requested and the provider's documentation. There are also other topical treatments that could be considered. The request is not medically necessary.