MAXIMUS Federal Services

Case Number:	CM15-0197328		
Date Assigned:	10/12/2015	Date of Injury:	08/18/2007
Decision Date:	11/24/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/07/2015

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
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 57 year old male, who sustained an industrial injury on 8-18-2007. The injured worker was being treated for bilateral knee arthritis, lumbago, cervicalgia, and chronic pain syndrome. Medical records (8-13-2015 to 8-25-2015) indicate ongoing low back pain radiating down the bilateral legs. The injured worker also reported neck and lumbar pain, pain to the left elbow, and pain radiating into his buttocks down to the right leg to the right knee. The treating physician noted the injured worker has issues with walking and balance due to an antalgic gait. The provided medical records did not include documentation of the subjective pain ratings. The physical exam (8-25-2015) reveals tenderness, spasming, and guarding of the paracervical, trapezial, and paralumbar muscles. There is cervical forward flexion at 2 inches chin to chest, extension is 20 degrees, and left and right rotation is 20 degrees with pain. There are well-healed incisions of the bilateral knee with range of motion of 0-110 degrees with diffuse pain bilaterally. There is tenderness along medial femoral condyle and medial joint line of bilateral knees. There is no instability and the quadriceps and hamstring strength is 5 out of 5. Per the treating physician (8-25-2015 report), an electromyography in 9-2009 revealed lumbar radiculopathy. Surgeries to date include chondroplasty in 2010 and right knee partial meniscectomy in 2011. Treatment has included physical therapy, work restrictions, a home exercise program, and medications including pain, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. Per the treating physician (8-25-2015 report), the employee has permanent work restrictions. On 9-11-2015, the requested treatments included Lidocaine Gel, 30

ml. On 9-25-2015, the original utilization review non-certified a request for Lidocaine Gel, 30 ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Gel, 30 ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. The FDA for neuropathic pain has designated topical lidocaine, in the formulation of a dermal patch (Lidoderm) for orphan status. 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, therefore, the request for Lidocaine Gel, 30 ml is determined to not be medically necessary.