

Case Number:	CM15-0206532		
Date Assigned:	10/23/2015	Date of Injury:	03/29/1995
Decision Date:	12/11/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/21/2015

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: Texas, New York, 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 applicant is a represented 59-year-old who has filed a claim for chronic low back, knee, and shoulder pain reportedly associated with an industrial injury of March 29, 1995. In a utilization review report dated September 25, 2015, the claims administrator failed to approve a request for lidocaine solution. The claims administrator referenced a July 7, 2015 order form in its determination. The applicant's attorney subsequently appealed. On February 10, 2015, the applicant was placed off of work, on total temporary disability, while Celebrex, Prilosec, and methadone were continued. Multifocal complaints of low back and shoulder pain were reported. On September 4, 2015, the applicant was placed off of work, on total temporary disability. Omeprazole, methadone, Ambien, Prilosec, and Celebrex were all renewed. 6-10/10 shoulder and back pain complaints were reported. The remainder of the file was surveyed. It did not appear that the documentation on file made mention of the claimant's using the lidocaine solution at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine HCL 40mg/ml, #50, with 1 refill, per 07/07/15: 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): Topical Analgesics, Introduction.

Decision rationale: No, the request for a lidocaine solution was not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy of antidepressants and/or anticonvulsants, here, however, there is no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the lidocaine solution at issue. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that an attending provider should be "knowledgeable" regarding prescribing information. Here, however, multiple progress notes, referenced above, made no mention of the applicant's using the lidocaine solution in question. Therefore, the request is not medically necessary.