MAXIMUS Federal Services

Case Number:	CM15-0209584		
Date Assigned:	10/28/2015	Date of Injury:	08/15/2007
Decision Date:	12/16/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/23/2015

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

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 female, who sustained an industrial injury on 08-15-2007. She has reported injury to the neck and low back. The diagnoses have included cervical sprain-strain; cervical radiculitis; lumbar degenerative disc disease; lumbosacral or thoracic, neuritis or radiculitis; and carpal tunnel syndrome. Treatment to date has included medications, diagnostics, heat, bracing, TENS (transcutaneous electrical nerve stimulation) unit, trigger point injections, and home exercise program. Medications have included Lidoderm patch and Lidopro cream. A progress report from the treating physician, dated 09-03-2015, documented an evaluation with the injured worker. The injured worker reported muscle tightness around her trapezii that often limits her neck and shoulder range of motion; she works actively and walks a lot, but does not perform any stretching or strengthening exercise; chronic neck, right shoulder, and low back pain are rated at 8 out of 10 in intensity; the pain is constant, sharp; worsening of pain with overhead activities; muscle spasm and stiffness in the morning; has headache weekly; good results with wrist braces and lumbar brace, as they are very helpful at work; sleep issues improved with cream; she uses heating pad, TENS, and cream to decrease pain; no side effects; and she works full time. Objective findings included tenderness to palpation of the cervical paraspinal muscles and right parascapular area; poor posture; very tight trapezii; and hypertonicity of the trapezeii bilaterally. A progress report, dated 09-24-2015, noted that her sleep issues have improved with the cream; she has not received the Lidoderm patches; and she prefers to not take oral medications. The treatment plan has included the request for Lidopro cream 121gms #1. The original utilization review, dated 10-06-2015, non-certified the request for Lidopro cream 121gms #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gms #1: Upheld

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

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

Decision rationale: The patient presents with pain affecting the cervical, lumbar and thoracic spine. The current request is for Lidopro cream 121gms #1. The treating physician report dated 9/3/15 provides no rationale for the current request. The MTUS guidelines states the following regarding 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." In this case, the MTUS guidelines do not recommend the use of Lidocaine in a cream formulation, as outlined on page 112. The current request is not medically necessary.