

Case Number:	CM15-0022049		
Date Assigned:	02/11/2015	Date of Injury:	09/30/2010
Decision Date:	04/21/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/05/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 52-year-old female, with a reported date of injury of 09/30/2010. The diagnoses include lumbar radiculopathy, lumbar disc degeneration, cervical radiculitis, cervical strain, myalgia/myositis, osteoarthritis, right shoulder pain, chronic pain, right upper extremity complex regional pain syndrome, and status post left knee arthroscopy. Treatments to date have included oral pain medications, topical pain medications, stellate ganglion block, electrodiagnostic studies, an MRI of the cervical spine, an MRI of the lumbar spine, an MRI of the bilateral knees, physical therapy, pool therapy, a cane, a wrist splint, lumbar epidural steroid injection, and acupuncture. The pain medicine re-evaluation dated 11/19/2014 indicates that the injured worker complained of neck pain with radiation down the right upper extremity, low back pain with radiation down the bilateral lower extremities, bilateral upper extremity pain, left knee pain, right foot pain, and buttocks pain. She rated her pain 8 out of 10 with medications, and 8-9 out of 10 without medications. The physical examination showed spasm in the lumbar paraspinal muscles; limited lumbar range of motion with pain, decreased sensitivity to touch along the L4-5 dermatome in the right lower extremity, positive seated right straight leg raise test, decreased right hand range of motion due to pain, and tenderness to palpation at the bilateral knees. The treating physician requested medication compound: Lidoderm 2% jelly 60 grams. The rationale for the request was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication compound -lidoderm 2 %jelly -60 gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidoderm 2% gel (Ointment) #60 g is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Other than Lidoderm, no other commercially approved topical formulation of lidocaine with cream, lotions or gels are indicated for neuropathic pain. In this case, the injured worker's working diagnoses are cervical radiculitis; cervical strain/sprain; lumbar disc degeneration; chronic pain; lumbar radiculopathy; right shoulder pain; myositis/myalgia; rule out complex regional pain syndrome; osteoarthritis; status post left knee arthroscopy times 2; and status post that the bleeding from steroid epidural. Documentation from an October 2014 progress note shows a VAS pain scale of 6/10 with medications and 7/10 without medications. There is a minimal impact from medications taken and/or used by the injured worker. Other than Lidoderm (patch), no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Lidoderm 2% gel/jelly is not recommended. Any compounded product that contains at least one drug (Lidoderm jelly) that is not recommended is not recommended. Consequently, Lidoderm 2% gel/jelly is not recommended. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Lidoderm 2% gel #60 g is not medically necessary.