

Case Number:	CM15-0029564		
Date Assigned:	02/23/2015	Date of Injury:	06/09/2014
Decision Date:	04/07/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/17/2015

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 62-year-old male who sustained an industrial injury on 6/9/14. He is currently experiencing dull, throbbing, tingling neck pain with pain intensity of 6/10 and dull, numbing low back pain. Medications include Ketoprofen/ Lidocaine 20% 12.3% Ketoprofen/ menthol Capsaicin 20%/ 5%/ 0.0375% Cream; Lidocaine/ Hyaluronic Acid 6%/ 0.2% Patch; omeprazole 20 mg. Diagnoses are cervical spine multilevel herniated nucleus propulsus/ degenerative disc disease with C6 radiculopathy; left thoracic outlet syndrome secondary to cervical spinal muscle spasms; right upper extremity pain and swelling; right elbow medial collateral ligament strain. Treatments include medications, transcutaneous electrical nerve stimulator unit, home therapy and neck brace. In the progress note dated 1/19/15 the treating provider recommended pain management specialist, medication refill and urine toxicology. On 1/27/15 Utilization review non-certified the request for 1 container of Lidocaine 6%/ Hyaluronic (Patch) 0.2% Cream 120 grams citing MTUS: Topical Analgesics.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Container of Lidocaine 6%/Hyaluronic (patch) 0.2% cream 120 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The patient has neck and low back pain according to the only available medical record for review. The current request is for container of Lidocaine 6%, Hyaluronic (patch) .2% cream 120 grams. Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. 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. Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics. Non-neuropathic pain: Not recommended. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Per MTUS guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Recommendation is for denial.