MAXIMUS Federal Services

Case Number:	CM15-0212088		
Date Assigned:	10/30/2015	Date of Injury:	01/08/2013
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/28/2015

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: 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 61 year old male who sustained an industrial injury on 01-08-2013. A review of the medical records indicated that the injured worker is undergoing treatment for lumbosacral intervertebral disc disorder with radiculopathy, post laminectomy syndrome, post-surgical osteomyelitis and lumbar degenerative disc disease and degenerative joint disease. The injured worker is status post lumbar laminectomy (no date documented). According to the treating physician's progress report on 10-1-2015, the injured worker continues to experience increased lower extremity pain and numbness associated with fatigue and clumsiness. Examination of the lumbar spine demonstrated a flat lumbar spine with motor strength of the lower extremities intact. Sensation to light touch and pinprick from L1-S3 was intact with decreased vibratory sensation slightly diminished in the great toes. Patellar deep tendon reflexes were intact and Achilles deep tendon reflexes were 1 out of 4 bilaterally. The injured worker ambulated with a wide-based gait. Straight leg raise was negative bilaterally. Prior treatments have included diagnostic testing, surgery, home exercise program and medications. Current medications were listed as OxyContin, Norco, Naproxen, Vesicare, Lexapro, Ambien and topical analgesics. Treatment plan consists of lumbar spine magnetic resonance imaging (MRI), neurosurgical consultation, follow-up evaluation for urinary incontinence and the current request for Lidocaine 3% lotion #1 with one (1) refill. On 10-26-2015 the Utilization Review determined the request for Lidocaine 3% lotion #1 with one (1) refill was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 3% lotion #1 with one (1) refill: 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: The patient presents with back pain and radiculopathy. The request is for LIDOCAINE 3% LOTION #1 WITH ONE (1) REFILL. The request for authorization form is not provided. Patient's diagnoses includes intervertebral disc disorders with radiculopathy, lumbosacral region; spondylolysis, lumbosacral region; other chronic osteomyelitis, other site; spinal enthesopathy, lumbosacral region. Physical examination of the lumbar spine reveals strength of the lower extremity is 5/5. Sensation intact to light touch and pinprick. Vibratory sensation slight diminished great toes. DTR 2/4 patella, 1/4 Achilles bilaterally. Negative straight leg raise. Patient's medications include Oxycontin, Naproxen, Norco, Lexapro, and Ambien. Per progress report dated 10/12/15, the patient works part-time. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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." Treater does not specifically discuss this medication. In this case, the patient continues with low back pain despite conservative care. And this appears to be the initial trial prescription for Lidocaine Lotion. However, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.