MAXIMUS Federal Services

Case Number:	CM15-0212364		
Date Assigned:	11/02/2015	Date of Injury:	03/15/2011
Decision Date:	12/18/2015	UR Denial Date:	10/16/2015
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, North Carolina
Certification(s)/Specialty: Family Practice

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 female with an industrial injury date of 03-15-2011. Medical record review indicates she is being treated for radiculopathy of lumbar region. Subjective complaints (10-07-2015) included lower backache. She also complained of right buttock and right calf pain which she noticed more when she exercised or walked. She rated the pain with medications as 3.5 out of 10 and 10 out of 10 without medications. The treating physician notes gastrointestinal upset with Ibuprofen. Current (10-07-2015) medications include Ibuprofen, Lidoderm patch (since at least 05-20-2015) Percocet, Lidocaine Ointment (first documented in the 10-07-2015 note), Atenolol, Methylprednisolone, Buspirone and Trazodone. Prior treatment included epidural steroid injection, trochanteric bursa injections and medications. Objective findings (10-07-2015) of lumbar spine exam noted restricted range of motion with pain. On palpation of paravertebral muscles trigger points were noted on both sides. Straight leg raising, FABER, Pelvic compression test and Gaenslen's test were positive. There was tenderness noted over the trochanter. The treating physician noted Lidoderm patches were denied and a trial of Lidocaine ointment for topical nerve pain was requested. On 10-16-2015 the request for Lido Cream 5% # 1 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Cre 5% #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

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

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of many of these products. Further any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. In this case, the request is for Lidocaine cream. Topical Lidocaine is not supported for use except in cases of localized peripheral neuropathy and only in the formulation of a Lidocaine patch. Lidocaine creams, gels and lotions are specifically not recommended. Therefore the request is not medically necessary or appropriate.