

Case Number:	CM15-0217282		
Date Assigned:	11/09/2015	Date of Injury:	05/26/2010
Decision Date:	12/28/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year old female who sustained an industrial injury on 5-26-2010. A review of the medical records indicates that the injured worker is undergoing treatment for pain in joint of lower leg and pain in joint of ankle and foot. Per the progress report dated 8-25-2015, the injured worker complained of right and left knee pain and right ankle pain. According to the progress report dated 9-4-2015, the injured worker rated her pain as 6 out of 10. She stated she was taking one tablet of Ibuprofen at bedtime, which helped her to sleep. She wanted to try a topical cream. She was swimming one day a week. She was not currently working. Objective findings (9-24-2015) revealed restricted range of motion of the right and left knees and tenderness to palpation over the right medial joint line and left lateral joint line. There was tenderness over the right talo-fibular ligament. Treatment has included physical therapy and medications. Current medications (9-24-2015) included Ibuprofen and Omeprazole. Previous medications included Hydrocodone, Propoxyphene, Tylenol, Motrin and Naproxen. The request for authorization was dated 9-24-2015. The original Utilization Review (UR) (10-5-2015) denied a request for Lidocaine ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment: 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 MTUS Chronic Pain Medical Treatment Guidelines p112 states "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. The medical records submitted for review do not indicate that there has been a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED). There is also no diagnosis of diabetic neuropathy or post-herpetic neuralgia. As such, lidoderm is not recommended at this time. The request is not medically necessary.