MAXIMUS Federal Services

Case Number:	CM15-0217445		
Date Assigned:	11/09/2015	Date of Injury:	06/04/2007
Decision Date:	12/21/2015	UR Denial Date:	10/08/2015
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
Certification(s)/Specialty: Preventive Medicine, Occupational 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 53 year old female who sustained an industrial injury on 06-04-2007. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar disc displacement without myelopathy and cervical disc displacement without myelopathy. According to the treating physician's progress report on 09-18-2015, the injured worker continues to experience chronic lower back and neck pain. Examination of the lumbar spine noted spasm and guarding with lumbar flexion at 40 degrees and extension at 5 degrees. Straight leg raise was positive on the right. Motor strength was intact. The injured worker ambulated without assistive devices. Objective findings of the cervical neck and upper extremities noted no edema and normal muscle tone. Prior treatments have included diagnostic testing, cervical and lumbar epidural steroid injections, physical therapy, aquatic therapy, recent graduate of functional restoration program (FRP), home exercise program and medications. Current medications were listed as Lyrica (since at least 04-2015) and Lidocaine ointment. Treatment plan consists of staying active, home exercise program and the current request for Lidocaine 5% ointment, QTY: #1 with one refill and Lyrica 50mg capsules #60 with one refill. On 10-08-2015 the Utilization Review modified the request for Lyrica 50mg capsules #60 with one refill to Lyrica 50mg capsules #60 with 0 refills for weaning purposes and on 10-08-2015 determined Lidocaine 5% ointment, QTY: 1 with one 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 5% ointment qty: 1 refills: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. 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. In this case, the injured worker is documented to have neuropathic pain and has failed with a trial of Gabapentin. However, she is currently prescribed Lyrica with stated pain relief and functional improvement. She has had success with the use of Lyrica, therefore, topical lidocaine is not indicated. The request for Lidocaine 5% ointment qty: 1 refills: 1 is not medically necessary.

Lyrica 50mg capsule #60 refills: 1: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Antiepilepsy drugs (AEDs).

Decision rationale: The MTUS Guidelines support the use of Lyrica for the treatment of diabetic neuropathy and postherpetic neuralgia. Antiepileptic drugs are recommended for the treatment of neuropathic pain. The injured worker does appear to have neuropathic pain based on the clinical reports, and the use of Lyrica has provided increased function. The request for Lyrica 50mg capsule #60 refills: 1 is medically necessary.