MAXIMUS Federal Services

Case Number:	CM15-0035988		
Date Assigned:	03/04/2015	Date of Injury:	08/21/1995
Decision Date:	04/16/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/25/2015

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 65 year old female who sustained a work related injury on August 21, 1995, when she injured her left arm and shoulder after slipping and falling. She was diagnosed with shoulder joint pain, peripheral neuropathy, Reflex Sympathetic Dystrophy of the upper limb, rheumatoid arthritis and depression. Treatment included pain medications, anti-inflammatory drugs and physical therapy. Currently in January 2015, the injured worker complained of lower back pain, left hip pain and left shoulder pain with numbness and spasms. On February 13, 2015, a request for a retrospective pharmacy purchase of Lidocaine Ointment 5%, #350 gm on January 5, 2015, was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule Guidelines and Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for lidocaine ointment6 5% 350gm (DOS: 1/5/15): 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 analgesic Page(s): 111-113.

Decision rationale: The patient presents with pain and weakness in her left shoulder, lower back pain and lower extremity. The request is for RETROSPECTIVE LIDOCAINE OINTMENT 5% 350GM DOS 01/05/15. Per 01/28/15 progress report, the patient is currently taking simvastatin, methotrexate, prednisolone, furosemide, Lisinopril, hydroxychloroquine, Anucort, atenolol, Zocor, zolpidem, folic acid, sertraline, Percocet, MiraLAX and cyclobenzaprine. MTUS guidelines page 112 on topical lidocaine states, "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." In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. The request IS NOT medically necessary.