

Case Number:	CM15-0043605		
Date Assigned:	03/13/2015	Date of Injury:	05/26/2006
Decision Date:	04/20/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/09/2015

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: Connecticut, California, Virginia
 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 62 year old male, who sustained an industrial injury on 05/26/2006. He has reported injury to the right knee, ankle, and back. The diagnoses have included lumbago and facet syndrome. Treatment to date has included medications, bracing, epidural steroid injection, physical therapy, and surgical intervention. Medications have included Tramadol, Ibuprofen, Cyclobenzaprine, Lidoderm, and Norco. A progress note from the treating physician, dated 02/23/2015 documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back and bilateral lower extremity pain; pain is rated 8/10 on the visual analog scale and pain is increased due to not having prescription pain medications. Objective findings included tenderness to palpation of lumbar spine paravertebral muscles and spinous process tenderness on L4 and L5; straight leg raising test is positive on both sides. The patient reportedly ambulates with a cane. The treatment plan has included prescription medications as they are reported to help relieve the injured worker's pain and improve function. Request is being made for Lidocaine 5% Ointment with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% Ointment with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Topical Lidocaine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested makes the requested treatment not medically indicated, and other modalities should be considered to optimize treatment.