

Case Number:	CM15-0045923		
Date Assigned:	03/18/2015	Date of Injury:	09/13/2013
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/11/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 35 year old female, who sustained an industrial injury on September 13, 2013. The injured worker had reported neck, right shoulder and right arm pain. The diagnoses have included brachial neuritis/radiculitis, pain in joint of the shoulder, cervicgia and sleep disturbance. Treatment to date has included medications, chiropractic care, electrodiagnostic studies, physical therapy and a transcutaneous electrical nerve stimulation unit. Current documentation dated December 31, 2014 notes that the injured worker reported constant pain in the right neck, right shoulder and right arm. Associated symptoms include numbness and tingling of the right arm and fingers of both hands. Physical examination of the cervical spine revealed moderate muscle spasms and a painful and decreased range of motion. Examination of the shoulders revealed tenderness and a decreased range of motion. The right shoulder trapezius region was elevated secondary to spasm. Shoulder subluxation apprehension tests were negative bilaterally. The treating physician's plan of care included a request for the topical analgesic Lidocaine 5% 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 Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 112.

Decision rationale: Lidocaine is recommended for localized peripheral pain after the evidence of a trial for first-line therapy, such as an antidepressant or antiepileptic drug. It is only FDA approved for the treatment of post-herpetic neuralgia. The guidelines state that further research is needed to recommend this treatment for chronic neuropathic pain. In this case, there is no documentation that the patient has failed treatment with first line therapy. Lidocaine ointment is not indicated. The request is not medically necessary.