

Case Number:	CM15-0056497		
Date Assigned:	04/01/2015	Date of Injury:	03/06/1974
Decision Date:	06/23/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/24/2015

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: Arizona, Michigan

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 73 year old male, who sustained an industrial injury on 03/06/1974. Currently, the injured worker complains of lower back pain that radiates to the right buttock. Problems included degeneration of intervertebral disc, low back pain, Barrett's esophagus, gastroesophageal reflux disease with esophagitis. The provider noted that the injured worker could not take nonsteroidal anti-inflammatory medications due to esophagitis and Barrett's esophagus and he had a markedly negative reaction to at least two such agents in the past. He had inadequate result with acetaminophen. Other treatments included physical therapy and a TENS unit without much benefit. Pain level was increased when he tried to cut down on Norco. The request is for Lidocaine 5% topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidocaine 5% topical ointment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine is approved for use in the form of a dermal patch. Gels, creams or lotions are not indicated for neuropathic pain and lidocaine is not recommended for non-neuropathic pain. A review of the injured workers medical records reveal documentation of improvement in pain with the use of this medication, therefore based on the injured workers response the continued use of Lidocaine 5% topical ointment is medically necessary.

Retrospective Lidocaine 5% topical ointment: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine is approved for use in the form of a dermal patch. Gels, creams or lotions are not indicated for neuropathic pain and lidocaine is not recommended for non neuropathic pain. A review of the injured workers medical records reveal documentation of improvement in pain with the use of this medication, therefore based on the injured workers response the continued use of Lidocaine 5% topical ointment is medically necessary.