MAXIMUS Federal Services

Case Number:	CM15-0087404		
Date Assigned:	05/11/2015	Date of Injury:	08/06/2012
Decision Date:	06/16/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/06/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 56 year old female, who sustained an industrial injury on August 6, 2012. She reported slipping and falling while assisting one of her patients in the shower. The injured worker was diagnosed as having lumbar radiculopathy. Treatment to date has included electromyography (EMG)/nerve conduction study (NCS), transforaminal selective lumbar epidural injections, MRIs, x-rays, chiropractic treatments, physical therapy, acupuncture, home exercise program (HEP), TENS, and medication. Currently, the injured worker complains of mid back pain and lower backache. The Primary Treating Physician's report dated March 20, 2015, noted the injured worker reported the pain level had remained unchanged since the previous visit, rating her pain with medications as a 5 on a scale of 1 to 10, and an 8 on a scale of 1 to 10 without medication. The injured worker's current medications were noted to include Zantac, Nabumetone, Nortriptyline HCL, Brintellix, Butrans patch, Norco, Flexeril, and Medrol. The injured worker was noted to appear to be fatigued and in mild to moderate pain with an antalgic gait. Physical examination was noted to show lumbar spine restricted range of motion (ROM), with lumbar facet loading positive bilaterally, on palpation paravertebral muscles, spasm, mild tenderness, and tight muscle band, and straight leg raise positive on the left side. Light touch sensation and sensation to pin prick was decreased over the L3 and L4 lower extremity dermatomes on the left side. The treatment plan was noted to include continued request for interpreter for all appointments, approved referrals for psych consult and Functional Capacity Evaluation (FCE), approved and scheduled aquatic therapy, received a single point

cane for ambulation, and refill of medications including Butrans, Norco, Relafen, Zantac, Nortriptyline, and Lidocaine 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 Page(s): 112.

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

Decision rationale: Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of the topical agents. In the case of Lidocaine, it is used off label for diabetic neuropathy and is indicated for post-herpetic neuralgia. This patient has neither condition. Further research is needed to recommend this treatment for chronic neuropathic pain disorders. This request is not medically necessary.