

Case Number:	CM15-0245647		
Date Assigned:	12/28/2015	Date of Injury:	07/26/2012
Decision Date:	01/29/2016	UR Denial Date:	12/08/2015
Priority:	Standard	Application Received:	12/17/2015

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: Indiana, California

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 44 year-old female who sustained an industrial injury on 7-26-12. A review of the medical records indicates she is undergoing treatment for lumbar disc displacement without myelopathy, lumbar or lumbosacral disc degeneration, and thoracic or lumbosacral neuritis or radiculitis. Medical records (7-14-15) indicate complaints of low back pain and right hip pain with associated stiffness, tingling, and weakness. She rates her pain "9 out of 10." She also reports "poor" sleep and "feeling depressed." She reports that she "cries daily" and feels "stressed out." The physical exam reveals that her gait is "normal." Lumbar range of motion is noted to be restricted by pain. Paravertebral muscles are noted to be "normal." No spinal process tenderness is noted. Motor strength is noted to be "5 out of 5" in bilateral lower extremities. The sensory exam reveals decreased sensation over the lateral calf and anterior and lateral thigh bilaterally. Diagnostic studies have included an MRI of the lumbar spine and a urine toxicology screen on 7-9-15, showing "inconsistent" results for prescribed medications. Treatment has included acupuncture, activity modification, cold application, and medications. Her medications include Norco, Cyclobenzaprine, Lidopro ointment (since at least 7-14-15), Naproxen, Omeprazole, and Terocin patches. The provider indicates, "Current physical capacity is insufficient to pursue work, family, or recreational needs." Treatment recommendations include modified work restrictions. The utilization review (12-8-15) includes a request for authorization of Lidocaine 5% ointment. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lidocaine 5% ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain; Topicals.

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG also states that topical Lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding Lidocaine, "Neuropathic pain: 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)." MTUS indicates Lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and Lidocaine is not indicated for non-neuropathic pain. ODG states regarding Lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia." Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request is not medically necessary.