

Case Number:	CM14-0124139		
Date Assigned:	08/08/2014	Date of Injury:	03/23/2010
Decision Date:	11/19/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	08/05/2014

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. The expert reviewer is Board Certified in Pain Management and Rehabilitation, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63 year-old patient sustained an injury to his shoulders and low back on 3/23/10 while moving some stacked chairs that fell during employment by [REDACTED]. Request(s) under consideration include Topical Lidocaine 5% ointment 100gm (five refills) for the lumbar spine. Diagnoses include left shoulder rotator cuff tear s/p arthroscopic repair on 9/27/13; low back pain/ radiculopathy. Conservative care has included medications, physical therapy, steroid injections, and modified activities/rest. Report of 6/23/14 from the provider noted the patient with ongoing chronic back pain radiating to knees rated at 6/10 without and 2-4/10 with use of Motrin with associated tingling sensation. Exam showed normal gait; tenderness to palpation at lumbar spine; limited range of motion; neurological normal DTRs of 2+, intact sensation and 5/5 motor strength; positive SLR and facet loading on left. Treatment included pending LESI, completed PT doing HEP. The request(s) for Topical Lidocaine 5% ointment 100gm (five refills) for the lumbar spine was non-certified on 7/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment 100gm (five refills) for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Lidoderm (Lidocaine patch), page 751

Decision rationale: This 63 year-old patient sustained an injury to his shoulders and low back on 3/23/10 while moving some stacked chairs that fell during employment by [REDACTED] / [REDACTED]. Request(s) under consideration include Topical Lidocaine 5% ointment 100gm (five refills) for the lumbar spine. Diagnoses include left shoulder rotator cuff tear s/p arthroscopic repair on 9/27/13; low back pain/ radiculopathy. Conservative care has included medications, physical therapy, steroid injections, and modified activities/rest. Report of 6/23/14 from the provider noted the patient with ongoing chronic back pain radiating to knees rated at 6/10 without and 2-4/10 with use of Motrin with associated tingling sensation. Exam showed normal gait; tenderness to palpation at lumbar spine; limited range of motion; neurological normal DTRs of 2+, intact sensation and 5/5 motor strength; positive SLR and facet loading on left. Treatment included pending LESI, completed PT doing HEP. The request(s) for Topical Lidocaine 5% ointment 100gm (five refills) for the lumbar spine was non-certified on 7/2/14. Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidoderm is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. Topical Lidocaine 5% ointment 100gm (five refills) for the lumbar spine is not medically necessary or appropriate.