

Case Number:	CM14-0125322		
Date Assigned:	08/11/2014	Date of Injury:	06/21/2011
Decision Date:	10/14/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/07/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 40 year old female with a 6/21/11 date of injury. At the time (7/14/14) of the decision for authorization for Retro 6/19/14: Lidocaine 6% Hyaluronic acid 0.2% cream, there is documentation of subjective (low back pain radiating to left leg) and objective (left hip flexion/knee extension and foot dorsiflexion of 3/5 and decreased sensation to nondermatomal distribution at left leg and foot) findings, current diagnoses (lumbar degenerative disc disease, lumbar post laminectomy syndrome, and failed back surgery syndrome), and treatment to date (physical therapy, chirotherapy, and medications (including ongoing treatment with Flexeril, Gabapentin, and Norco)).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro 6/19/14: Lidocaine 6% Hyaluronic acid 0.2% cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page(s): 67-68, 111-113.

Decision rationale: The MTUS Chronic Pain Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in

creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and Gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease, lumbar post laminectomy syndrome, and failed back surgery syndrome. However, the requested Lidocaine 6% Hyaluronic acid 0.2% cream contains at least one drug (Lidocaine) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Retro 6/19/14: Lidocaine 6% Hyaluronic acid 0.2% cream is not medically necessary.