

Case Number:	CM14-0128652		
Date Assigned:	09/22/2014	Date of Injury:	08/02/2010
Decision Date:	10/21/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/13/2014

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 Occupational 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:

The patient is a 48-year-old female who has submitted a claim for sprain of the right hip associated with an industrial injury date of August 2, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of intermittent right hip pain rated 6/10. Examination of the right hip revealed absence of erythema, swelling atrophy or deformity, tenderness over the trochanter, and assumption of a lateral decubitus position with the knee flexed to 90 degrees. Motor and sensory exam of the lower extremities were essentially normal. Reflexes were 2+ except for reduced (1) right ankle reflex. Treatment to date has included Voltaren 1% gel, Ultracet, Voltaren-XR, Medro and Lidocaine 2% jelly. She also had home exercises, TENS machine and heat pads. Utilization review from July 17, 2014 denied the request for Lidocaine HCL 2 % Jelly one tube. The reason for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine HCL 2 % Jelly one tube.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch; Topical analgesics Page(s): 56-57; 111.

Decision rationale: Pages 56 to 57 of CA MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine may be 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). In this case, the patient presented with right hip pain that was not adequately described in terms of radiation, quality and association with symptoms like numbness and tingling. Neurologic examination was essentially normal except for a mildly decreased right ankle reflex. With this limited information, suspicion for localized peripheral pain is low. Moreover, there was no evidence that the patient had a trial of first-line therapy. Topical lidocaine is not indicated. Therefore, the request for Lidocaine HCL 2 % Jelly one tube is not medically necessary.