MAXIMUS Federal Services

Case Number:	CM14-0137926		
Date Assigned:	09/05/2014	Date of Injury:	04/01/2010
Decision Date:	10/06/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/26/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 51 year-old individual was reportedly injured on April 1, 2010. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated July 2, 2014 indicates that there are ongoing complaints of bilateral wrist pain and low back pain. The physical examination demonstrated a 5'2" tall individual weighing 252 pounds. The exam notes a comfortable individual in no apparent acute distress. Lumbar spine examination reveals grossly positive. Spasms bilaterally. Markedly decreased range of motion of the lumbar spine is noted. A straight leg raise test is positive bilaterally at 20. A loading test of the facet joints bilaterally is negative. Gait is antalgic. She cannot walk on her toes or heels due to weakness. Diagnostic imaging studies objectified a "lesion" at L2-L3, L3-L4, and L4-L5. With a reported diagnosis of lumbar discogenic disease with radicular pain. An MRI arthrogram of the left ankle in November 2012 shows a torn tibia fibular ligament. Previous treatment includes bilateral carpal tunnel releases, acupuncture, and pharmacotherapy, including lidocaine ointment 5% twice daily. A request had been made for lidocaine ointment and was not certified in the pre-authorization process on August 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Ointment 5%, no QTY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 56 of 127.

Decision rationale: MTUS guidelines support the use of topical lidocaine for individuals with neuropathic pain that have failed treatment with first-line therapy including antidepressants or antiepileptic medication, when provided in the form of a dermal patch (Lidoderm patch). The guidelines state that non-dermal patch systems require further research before support of this treatment for chronic neuropathic pain can be provided. Based on the clinical documentation available, the claimant is being prescribed and has been prescribed a non-dermal preparation. There is no clinical documentation to substantiate the medical necessity of this formulation of treatment as documentation of failed treatment on other recommended first-line therapies is not noted. As such, the request is considered not medically necessary.