

Case Number:	CM14-0142357		
Date Assigned:	09/10/2014	Date of Injury:	02/08/2012
Decision Date:	11/28/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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 Medicine and is licensed to practice in Illinois. 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 injured worker is a 52 years old female with a date of injury on 2/2/12 from repetitive lifting of pots. She complained of constant cervical spine pain with radiation into the bilateral upper extremities. She had bilateral carpal tunnel syndrome with extensive rehabilitation. An exam was noted for palpable muscle tenderness and spasm and positive Spurling's test. A cervical magnetic resonance imaging (MRI) showed multi-level degenerative changes at C5-6 with disc bulging and osteophyte ridging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Lidocaine/Hyaluronic 6%/2% Cream #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: Per the Medical Treatment Utilization Schedule (MTUS), topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotoninorepinephrine reuptake inhibitors [SNRI] anti-depressants or an anti-epileptic drugs [AED] such as gabapentin). This is not a first-line

treatment and is only Food and Drug Administration (FDA) approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. There is no documentation that this worker has failed a first line medication therapy. Therefore this service is not medically necessary.