

Case Number:	CM14-0147682		
Date Assigned:	09/15/2014	Date of Injury:	01/01/1974
Decision Date:	10/15/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/11/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 64-year-old male who reported an injury on 01/01/1974. The mechanism of injury was not submitted for review. The injured worker had diagnoses of spinal stenosis of lumbar region, increased CPK level, and statin intolerance. Past medical treatment consists of surgery, physical therapy, and medication therapy. Medications include amlodipine, Colace, Lantus, lidocaine, Nystatin, pantoprazole, tacrolimus, Bactrim, and Pravastatin. The injured worker underwent a left knee arthroscopy. It was noted on 05/20/2014 that the injured worker had no history of joint pain suggestive to an inflammatory arthritis. The injured worker also denied weakness that prevented him from performing daily activities such as combing his hair and getting out of a chair. It was noted on physical examination that the cervical spine had decreased range of motion. The lumbar spine was bent forward and had decreased range of motion of the spine on flexion and extension. Sensory was normal. Motor decreased grip in the right hand more than left. Babinski's sign was negative. The injured worker had no signs of tremors, pulses 2+ bilaterally. The medical treatment plan is for the injured worker to continue the use of lidocaine 5%. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidocaine 5% (700mg): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Compounded and Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The California MTUS Guidelines state that topical compounds are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The guidelines state that Lidoderm patch is the only topical form of lidocaine approved. The submitted documentation did not indicate that the injured worker had not been responsive to or was intolerant to other treatments. The guidelines do not recommend topical lidocaine in any other form than Lidoderm. The included medical documents lacked evidence of any failed trial of antidepressants or anticonvulsants. The request as submitted also did not indicate a dosage, frequency, or duration of the medication. Additionally, there was no indication as to where the medication was to be applied. Given the above guidelines and that MTUS does not recommend the use of lidocaine, the request is not medically necessary.