

Case Number:	CM14-0151457		
Date Assigned:	09/19/2014	Date of Injury:	02/11/2007
Decision Date:	10/20/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/17/2014

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 61-year-old male with a 2/11/07 date of injury. At the time (8/12/14) of request for authorization for Lidoderm 4% topical cream 30 grams apply 3 times daily, quantity of 7, there is documentation of subjective (neck pain and left upper extremity pain) and objective (tenderness to palpation over the cervical paraspinal muscles with decreased range of motion and positive Spurling's sign) findings, current diagnoses (cervical sprain, cervical spondylosis, cervical degenerative disc disease, cervical radiculitis, and cervical spondylosis), and treatment to date (massage therapy and physical therapy). Medical report identifies a request for a trial of 4% topical lidocaine cream to be applied 3 times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm 4% topical cream 30 gm., #7: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics (Lidocaine) Page(s): 112.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that topical formulations of lidocaine (whether in creams, lotions or gels) are not recommended for

neuropathic and/or non-neuropathic pain. Therefore, based on guidelines and a review of the evidence, the request for Lidoderm 4% topical cream 30 gm., #7 is not medically necessary and appropriate.