

Case Number:	CM14-0160963		
Date Assigned:	10/06/2014	Date of Injury:	01/01/1998
Decision Date:	10/31/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/01/2014

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 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:

The injured worker is a 55 year old female with a date of injury on 1/1/1998. The mechanism of injury was not specified. She was diagnosed with (a) post laminectomy cervical syndrome; (b) lumbar spine sprain and strain; and (c) thoracic spine sprain and strain. In the most recent visit note dated September 16, 2014 it was indicated that there were no significant changes in her pain complaints. She continued to complain of neck pain which radiated into her left arm in the C7 distribution with associated numbness and tingling sensation in the center. The pain was noted to be worse with activity using her left arm and work overhead and over the shoulder level. She also complained of low back pain. Objective findings to the affected areas were unremarkable. She was advised to continue with conservative management of her pain as well as medication. She was to follow up in four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment #2 with 5 refills QTY:12: Upheld

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

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

Decision rationale: The medical records received have limited information to support the necessity of lidocaine 5% topical ointment. There is lack of documentation that the claimant has tried first line therapy for neuropathic pain. In her June 19, 2014 evaluation, objective findings only showed tenderness and hypertonicity over the paravertebral areas of the cervical and thoracic spine. There was also tenderness and hypertonicity over the trapezius muscles as signs of radiculopathy otherwise normal neurologic findings with muscle strength and reflexes within normal limits and negative orthopedic tests. Therefore the request is not medically necessary.