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| Case Number: | CM14-0167965 | | |
| Date Assigned: | 10/15/2014 | Date of Injury: | 09/07/2007 |
| Decision Date: | 11/18/2014 | UR Denial Date: | 10/01/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

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 Preventative Medicine has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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:

This patient is a 62 year old employee with date of injury of 9/7/2007. Medical records indicate the patient is undergoing treatment for lumbar radiculopathy; DDD; herniated disc; s/p lumbar fusion and laminectomy; s/p partial hip replacement; laceration resolved and insomnia. Subjective complaints include low back pain which has been constant for the last five years. It is described as shooting and cramping with a pain level of 8/10. The symptoms are aggravated by sudden movements, exertion, walking, standing and sitting for more than 15 minutes. Her pain level is 7/10 with medications and 9/10 without. The pain radiates to the left leg. She has insomnia due to pain. She has pain in the left hip over the last 10 months and the severity of the pain is rated as a 6/10. The pain is described as aching, sharp, throbbing and stabbing. Her right leg has been painful for the last 4 months. Objective findings include Range of Motion (ROM) decreased at bilateral knee and hip; right leg redness noted on the shin; she walks with a walker; hip flexion bilaterally 4/5 and knee extension bilaterally 3/5. She has paraspinal tenderness and decreased ROM in the lumbar spine. Treatment has consisted of Physical Therapy (PT), Zanaflex, OxyContin, Norco and Ambien. The utilization review determination was rendered on 10/1/2014 recommending denial of a Lidocaine/hyaluronic (patch) 6%/ 0.2% cream, QTY:120 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/hyaluronic (patch) 6%/ 0.2% cream, QTY:120 gm: 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 Page(s): 111-113. Decision based on Non-MTUS Citation (ODG) Pain, Compound creams

Decision rationale: MTUS and ODG recommend usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." ODG also states that topical lidocaine is appropriate in usage as patch under certain criteria, but that "no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." MTUS states regarding lidocaine, "Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." MTUS indicates lidocaine "Non-neuropathic pain: Not recommended." The medical records do not indicate failure of first-line therapy for neuropathic pain and lidocaine is also not indicated for non-neuropathic pain. ODG states regarding lidocaine topical patch, "This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia". Medical documents do not document the patient as having post-herpetic neuralgia. As such, the request for Lidocaine/hyaluronic (patch) 6%/ 0.2% cream, QTY:120 gm is not medically necessary.