

Case Number:	CM14-0213527		
Date Assigned:	12/31/2014	Date of Injury:	01/13/2003
Decision Date:	02/27/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Tennessee, Mississippi

Certification(s)/Specialty: Anesthesiology, Pain Management

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 is a 58-year-old male with a 1/13/03 date of injury. According to a progress report dated 11/5/14, the patient was seen for back pain radiating from low back down the left leg and right knee pain. He rated his pain with medications as a 5/10 and his pain without medications as an 8/10. His quality of sleep was poor and his activity level has remained the same. Objective findings: restricted range of motion of lumbar spine, paravertebral muscles hypertonicity, spasm, tenderness, and tight muscle band noted on the left spine, spinous process tenderness, positive lumbar facet loading on left, tenderness noted over the sacroiliac spine and left lumbar paraspinals, crepitus noted with active movement of right knee, tenderness to palpation over the lateral joint line and medial joint line, restricted movements of right ankle, light touch sensation patchy in distribution. Diagnostic impression: post lumbar laminectomy syndrome, lumbar radiculopathy, spinal/lumbar degenerative disc disease, knee pain, pain in joint lower leg, foot pain, sacroiliac pain. Treatment to date: medication management, activity modification, epidural steroid injections, physical therapy, and surgery. A UR decision dated 11/19/14 denied the request for Lidocaine 5% ointment. Although it is appreciated that the patient has noted a positive response to prior use of the medication, the use of lidocaine is only recommended in the form of a dermal patch.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Topical Analgesics Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. However, in the present case, guidelines do not support the use of lidocaine in a topical cream/lotion/ointment formulation. A specific rationale identifying why this topical compounded medication would be required in this patient despite lack of guideline support was not provided. Therefore, the request for Lidocaine 5% ointment #1 was not medically necessary.