

Case Number:	CM14-0217096		
Date Assigned:	01/07/2015	Date of Injury:	02/11/2002
Decision Date:	03/05/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/29/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female sustained a work related injury on 2/11/2002. The mechanism of injury was not described. The current diagnoses are degenerative disc disease of the lumbar spine, pain in pelvis/thigh joint, and pain in shoulder joint. According to the progress report dated 12/1/2014, the injured workers chief complaints were low back that radiates down right lower extremity. The physical examination of the lumbar spine revealed tenderness to palpation at the lumbosacral region with associated muscle tension extending into the back. Range of motion was decreased. Sensation was decreased to light touch along the ventral foot and right lateral calf. Motor strength was 4/5 with the right foot dorsiflexion. Deep tendon reflexes were absent, but equal at the patella and 1+ and equal at the Achilles. Current medications are Norco, Lidocaine ointment, Bayer with Calcium, and Lisinoprol. MRI of the lumbar spine (10/24/2014) showed multi-level disc protrusions and foraminal narrowing at L3-L4 and L5-S1. The injured worker was previously treated with medications and 12 sessions of physical therapy. On this date, the treating physician prescribed Lidocaine 5% ointment, which is now under review. When Lidocaine ointment was prescribed work status was permanent and stationary. On 12/17/2014, Utilization Review had non-certified a prescription for Lidocaine 5% ointment. The Lidocaine ointment was non-certified based on not being congruent with evidence based guidelines. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

Decision rationale: The patient presents pain and weakness in her lower back and right lower extremity. The request is for LIDOCAINE 5% OINTMENT #1 WITH 1 REFILL. The patient has been utilizing Lidocaine ointments since at least 08/26/14. MTUS guidelines page 112 on topical lidocaine do not allow any other formulation of Lidocaine other than as a patch. The request IS NOT medically necessary.