

Case Number:	CM14-0218885		
Date Assigned:	01/08/2015	Date of Injury:	12/16/2011
Decision Date:	03/09/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/30/2014

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 59 year old female who reported a work related injury on 12/16/2011. The mechanism of injury was not provided. Diagnoses include unspecified backache, lumbar disc disorder and thoracic lumbosacral neuritis and radiculitis. The injured worker presented on 11/13/2014. The injured worker reported poor sleep quality and persistent lower back ache. The current medication regimen includes Tylenol No. 3, Prevacid 15 mg, Neurontin 100 mg, Lidoderm 5% patch, and cyclobenzaprine 10 mg. Upon examination, there was restricted lumbar range of motion, paravertebral muscle tenderness, intact sensation, positive straight leg raising on the left and normal motor examination. Treatment recommendations at that time included a request for 6 sessions of physical therapy. Documentation indicates the injured worker received a prescription for Lidocaine due to the alternative Lidoderm patches high cost.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment quantity 2: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state lidocaine is indicated for neuropathic pain when there is documentation of a failure to respond to first line oral treatment with anticonvulsants and antidepressants. Lidocaine is FDA approved in the formulation of a dermal patch. No other commercially approved topical formulation of lidocaine whether a cream, lotion, or gel is indicated for neuropathic pain. There was no documentation of a failure to respond to first line oral medication. Additionally, the frequency was not provided in the above request. As the California MTUS Guidelines do not recommend lidocaine in the form of an ointment, the current request is not medically appropriate at this time.