

Case Number:	CM15-0018250		
Date Assigned:	02/06/2015	Date of Injury:	10/13/1994
Decision Date:	03/25/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/30/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 61 year old female, who sustained an industrial injury reported on 10/13/1994. She has reported radiating low back and cervical pain. The diagnoses were noted to have included multi-level cervical degenerative disease - status-post 2 cervical spine series surgeries; cervical neuro-foraminal narrowing; left upper extremity radiculopathy; severe lumbar degenerative disc disease - status-post lumbar spine surgeries x 4, latest in 1998; moderate chronic right lumbar 5 radiculopathy; infection following caudal epidural steroid injection (4/18/13), now with residual neuropathic pain. Treatments to date have included multiple consultations; diagnostic imaging studies; epidural steroid injection therapy (4/18/13); completion of a weight loss program; physical therapy; chiropractic treatments; and medication management. The work status classification for this injured worker (IW) was not noted. On 1/19/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/15/2015, for Lidocaine 5% ointment #240grams, over the right buttock and lower extremity, 4 x a day, for neuropathic pain. The Medical Treatment Utilization Schedule, chronic pain medical treatment guidelines, topical lidocaine, neuropathic pain, was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuropathic pain: Topical Lidocaine.

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

Decision rationale: MTUS guidelines note that the only topical lidocaine medication that is effective is topical lidocaine patch. This provides a controlled application with blood levels. The lidocaine creams and ointments are not recommended treatment according to MTUS guidelines. 4% lidocaine cream was not better than placebo. The requested lidocaine 5% ointment is not a MTUS recommended treatment and is not medically necessary for this patient.