

Case Number:	CM15-0019818		
Date Assigned:	02/09/2015	Date of Injury:	10/27/2009
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/02/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 44 year old female patient, who sustained an industrial injury on 10/27/2009. The current diagnoses include bilateral knee pain, bilateral carpal tunnel syndrome, De Quervain's syndrome bilaterally, status post right plantar fascia release and status post left foot surgery. Per the doctor's note dated 2/9/2015, she had complaints of right foot pain. the physical examination revealed tenderness over the right foot and ambulating with mild limp. Per the doctor's note dated 12/15/2014, she had ongoing foot pain and healing from surgery four months ago. The medications list includes Lyrica, Prilosec, Motrin, Effexor, and Tizanidine. She has undergone right plantar fascia release on 4/9/2013 and left foot surgery on 10/23/2012; right carpal tunnel release in 2004 and on 6/25/2012; left carpal tunnel release on 6/11/2012; right wrist surgery on 2/20/2013. She has had left foot MRI in 10/2010 which revealed subcortical edema and sclerosis of the talar dome; EMG/NCS in 2010 which revealed bilateral carpal tunnel syndrome and bilateral ulnar nerve entrapment. Treatment has included oral medications, surgical intervention, orthotics, and injections. On 1/27/2015, Utilization Review evaluated a prescription for topical Lidocaine gel 30 ml tube with two refills, that was submitted on 1/28/2015. The UR physician noted there is no evidence of a first line neuropathy medication that has been trialed and failed. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine topical gel 30 ml tube 2 tubes: 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 Topical Analgesics, Page(s): pages 111-113.

Decision rationale: Request: Lidocaine topical gel 30 ml tube 2 tubes. The MTUS Chronic Pain Guidelines regarding topical analgesics state, Largely experimental in use with few randomized controlled trials to determine efficacy or safety, primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants). (Argoff, 2006) 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 Lidocaine Indication: 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). Non-neuropathic pain: Not recommended. MTUS guidelines recommend topical analgesics for neuropathic pain only when trials of antidepressants and anticonvulsants have failed to relieve symptoms. Failure of antidepressants and anticonvulsants for this injury is not specified in the records provided. Intolerance to oral medication is not specified in the records provided. The medical necessity of Lidocaine topical gel 30 ml tube 2 tubes is not fully established for this patient.