

Case Number:	CM15-0110407		
Date Assigned:	06/17/2015	Date of Injury:	07/03/2007
Decision Date:	07/15/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/08/2015

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 Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 60 year old male, who sustained an industrial injury on 07/03/2007. He reported experiencing low back pain after lifting heavy pipes. The injured worker is currently permanent and stationary. The injured worker is currently diagnosed as having chronic gastric ulcer with perforation, esophagitis, lumbar post laminectomy syndrome, lumbar spine stenosis, and lumbar radiculopathy. Treatment and diagnostics to date has included back surgery, physical therapy, home exercise program, and medications. In a progress note dated 05/07/2015, the injured worker presented with complaints of low back pain. Objective findings include lumbar tenderness and positive straight leg test bilaterally and stated that due to gastrointestinal bleeding, medications are limited. The treating physician reported requesting authorization for Lidocaine cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine HCL 3% cream #2 with 5 refills: Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The topical analgesic contains lidocaine not recommended by MTUS as a topical analgesic. Furthermore, there is no documentation that the patient developed neuropathic pain. Therefore, the request for Lidocaine HCL 3% cream #2 with 5 refills is not medically necessary.