

Case Number:	CM15-0112020		
Date Assigned:	06/18/2015	Date of Injury:	06/17/2013
Decision Date:	07/17/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/09/2015

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: 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:

The injured worker is a 35 year old female, who sustained an industrial injury on 6/17/13. She reported a right hip injury following a fall and was noted to have a femoral neck fracture. The injured worker was diagnosed as having right chronic hip pain, status post hip fracture and 2 surgeries, chronic pain syndrome, right lateral femoral cutaneous neuropathy secondary to hip fracture, right L5 radiculopathy secondary to antalgic gait and hip fracture and right trochanteric bursitis. Treatment to date has included percutaneous pinning of right femoral neck, right trochanteric bursa, and hardware removal, oral medications including Naprosyn, physical therapy, home exercise program, aquatic therapy and activity restrictions. A bone scan performed on 2/13/14 revealed the femoral neck fracture was healed. (MRI) magnetic resonance imaging of right hip revealed presumed healed right hip with two cannulated screws in place, mild right hip arthrosis to anterior acetabulum and medial glute tendonitis. Currently, the injured worker complains of significant pain in right lateral buttocks and radiating pain down left to the ankle. She rates the pain as 8-9/10. Physical exam noted decreased sensation to light touch in the lateral thigh, lateral calf, and limited hip range of motion and pain with palpation of the right trochanteric bursa and gluteus medius muscles. An antalgic gait is noted. The treatment plan included request for authorization for 12 sessions of physical therapy and a request for authorization for Lidoderm topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm ActiveMax #5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56.

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

Decision rationale: Based on the 05/13/15 progress report provided by treating physician, the patient presents with right hip pain due to right femoral neck fracture. The patient is status post percutaneous pinning in situ 08/30/13, and hardware removal 02/09/15. The request is for LIDODERM ACTIVEMAX #5. Patient's diagnosis per Request for Authorization form dated 05/18/15 includes transcervical fracture closed. The patient ambulates with an antalgic gait. Physical examination on 05/13/15 revealed pain with palpation of the right trochanteric bursa and gluteus medius muscles, and limited hip range of motion. Sensation to light touch was decreased in the lateral thigh and lateral calf. MRI of right hip dated 04/27/15, per 05/13/15 report, revealed presumed healed right hip with two cannulated screws in place, mild right hip arthrosis to anterior acetabulum and medial glute tendonitis. Treatment to date included surgeries, physical therapy, home exercise program, aquatic therapy, activity restrictions, and medications. The patient is temporarily totally disabled, per 05/13/15 report. MTUS has the following regarding topical creams (p111, chronic pain section): Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Per 05/13/15 report, treater requests "authorization for Flurbiprofen 105, Cyclobenzaprine 1%, Gabapentin 6%, Lidocaine 2%, Prilocaine 2% in Lidoderm Active max topical ointment to right hip and surrounding area." However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, Gabapentin, and Cyclobenzaprine, which are not supported for topical use in lotion form, per MTUS. This request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.