

Case Number:	CM15-0114425		
Date Assigned:	06/22/2015	Date of Injury:	03/03/2010
Decision Date:	07/31/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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, 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 64-year-old female, who sustained an industrial injury on 3/3/10. She has reported initial complaints of a fall with hitting her head and landing on her left elbow, shoulder and buttocks. The diagnoses have included thoracic strain, lumbar strain, and status post left shoulder arthroscopy. Treatment to date has included medications, activity modifications, topical compounded medications, surgery, and extensive time off of work. Currently, as per the physician progress note dated 1/15/15, the injured worker complains of headaches, pain in the neck with radiation to the bilateral trapezius, and pain in the low back that radiates to the left leg with numbness, tingling and weakness in the left leg. There is also dull pain in the left shoulder at times. The physical exam reveals tenderness on palpation and decreased range of motion. The physician noted that the Magnetic Resonance Imaging (MRI) dated 12/26/14 of the lumbar spine revealed diffuse disc bulge with impingement of the nerve roots bilaterally. There is no diagnostic reports noted in the records and there is no previous urine drug screen noted. . The medication included Tizanidine. The physician requested treatment included Lidocaine/Hyaluronic (patch) 6%/0.2% gel #120 (DOS 05/21/15) with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine/Hyaluronic (patch) 6%/0.2% gel #120 (DOS 05/21/15) with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Indications Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: Regarding request for topical Lidocaine/Hyaluronic (patch) 6%/0.2% gel, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations. Additionally, there is no documentation of analgesic effect or objective functional improvement because of the currently prescribed Lidoderm. As such, the currently requested Lidocaine/Hyaluronic (patch) 6%/0.2% gel is not medically necessary.