

Case Number:	CM15-0174671		
Date Assigned:	09/16/2015	Date of Injury:	03/03/2014
Decision Date:	10/19/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/04/2015

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: Preventive Medicine, Occupational 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 36-year-old female, who sustained an industrial injury on 3-3-2014. Medical records indicate the worker is undergoing treatment for cervical spine sprain-strain, lumbar sprain-strain, bilateral knee sprain and right shoulder sprain-strain tendinitis. A recent progress report dated 7-28-2015, reported the injured worker complained of low back pain rated 7-8 out of 10, cervical spine pain with stiffness rated 5 out of 10 and bilateral knee pain rated 8-9 out of 10 with numbness and tingling at the ankles. Physical examination revealed cervical range of motion of flexion 33 degrees and extension 40 degrees, lumbar range of motion flexion 48 degrees and extension 15 degrees and bilateral knees right-flexion 120 and left-flexion 120 degrees. The straight leg raise test was negative and mild swelling was noted around the ankles. Treatment to date has included physical therapy and medication management. On 7-28-2015, the Request for Authorization requested Lidoderm patch 5% apply 1 daily #30 and MMC topical lotion, apply twice a day, 120ml. On 8-17-2015, the Utilization Review noncertified Lidoderm patch 5% apply 1 daily #30 and MMC topical lotion, apply twice a day, 120ml.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoderm patch 5% apply 1 daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics, Lidoderm (lidocaine patch).

Decision rationale: Lidoderm is a lidocaine patch providing topical lidocaine. The MTUS Guidelines recommend the use of topical lidocaine primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no clear evidence in the clinical reports that this injured worker has neuropathic pain that has failed treatment with trials of antidepressants and anticonvulsants. This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. The request for Lidoderm patch 5% applies 1 daily #30 is determined to not be medically necessary.

MMC topical lotion, apply twice a day, 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: Topical analgesics are recommended by the MTUS Guidelines. Compounded topical analgesics that contain at least one drug or drug class that is not recommended is not recommended. Menthol is not addressed by the MTUS Guidelines, but it is often included in formulations of anesthetic agents. It induces tingling and cooling sensations when applied topically. Menthol induces analgesia through calcium channel-blocking actions, as well as binding to kappa-opioid receptors. Menthol is also an effective topical permeation enhancer for water-soluble drugs. There are reports of negative effects from high doses of menthol such as 40% preparations. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. In this case, there is no evidence that the injured worker is intolerant to oral medications, therefore, the request for MMC topical lotion, apply twice a day, 120ml is determined to not be medically necessary.