

Case Number:	CM15-0174700		
Date Assigned:	09/16/2015	Date of Injury:	01/23/2004
Decision Date:	10/23/2015	UR Denial Date:	08/06/2015
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: 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 63 year old female, who sustained an industrial injury on 1-23-2004. The medical records indicate that the injured worker is undergoing treatment for lumbar spinal stenosis and long-term use of medications. According to the progress report dated 7-28-2015, the injured worker complains of chronic low back pain. The pain is rated 8-9 out of 10 on a subjective pain scale. The physical examination from 7-28-2015 did not reveal any significant findings. The current medications are Doxepin and Ketamine cream. Treatment to date has included medication management, MRI studies, and 2 epidural steroid injections (temporary relief). She has authorization for physical therapy, but has not yet started. Work status is described as modified duty. The original utilization review (8-6-2015) had non-certified a request for Lidocaine 5% ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment SIG: 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: The patient presents on 07/28/15 with lower back pain rated 8-9/10. The patient's date of injury is 01/23/04. Patient has no documented surgical history directed at this complaint. The request is for Lidocaine 5% ointment SIG. The RFA was not provided. Physical examination dated 07/28/15 notes that this patient presents with an antalgic gait. No other remarkable findings are included. The patient is currently prescribed topical Doxepin and topical Ketamine. Patient is currently working with modified duties. MTUS guidelines, Topical Analgesics Section, under Lidocaine Indication states: "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." MTUS Guidelines, Topical Analgesics section, page 111 also state that "any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." In regard to the compounded cream containing 5% Lidocaine, the requested topical is not supported by MTUS guidelines. Lidocaine is not supported by MTUS in any topical formulation other than patch form. Guidelines also specifically state that any topical compound which contains an unsupported ingredient is not indicated. Therefore, this request is not medically necessary.