

Case Number:	CM15-0065238		
Date Assigned:	04/13/2015	Date of Injury:	02/01/2008
Decision Date:	05/11/2015	UR Denial Date:	03/07/2015
Priority:	Standard	Application Received:	04/07/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 48 year old male, who sustained an industrial injury on 2/01/2008. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic pain syndrome, low back pain, cervicalgia, post-concussion syndrome, and encounter for long term use of other medications. Treatment to date has included diagnostics, aqua therapy, and medications. The use of a transcutaneous electrical nerve stimulation unit and Lidocaine 5% ointment was noted in 9/2013. Urine drug screen, dated 5/21/2014, was inconsistent with prescribed medications, but explained in the following progress report. Currently, the injured worker complains of pain, rated 7/10, noted to come down to 3-4/10. He was unable to tolerate oral medications for pain due to seizures, pending diagnostic results (electroencephalogram). Current medications included Lidocaine ointment 5%, Ambien, and Thermacare heatwrap. His body mass index was 44.68% and he used a cane for ambulation. Inspection of the lumbar spine revealed a rash, tenderness and spasm, tight muscle band, and trigger point on both sides. The treatment plan included the continued use of a transcutaneous electrical nerve stimulation unit and Lidocaine ointment. A 3/6/15 progress reports indicates that his EEG is normal in the awak and stage 2 sleep states.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% ointment 30mg with 1 refill: 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): 111-113. Decision based on Non-MTUS Citation <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm109068.htm>.

Decision rationale: Lidocaine 5% ointment 30mg with 1 refill is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Furthermore, the MTUS guidelines state that compounded products that contains at least one drug (or drug class) that is not recommended is not recommended. The guidelines indicate that topical forms of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic pain. The documentation states that the patient is unable to tolerate oral medications for pain due to seizures and pending diagnostic EEG results. A review online of this medication reveals an FDA warning of serious consequences of topical agents such as Lidocaine including seizures. Furthermore, a recent progress note indicate the EEG study was normal. There is no evidence of intolerance to take oral medications therefore the request for Lidocaine ointment is not medically necessary.