

Case Number:	CM15-0073708		
Date Assigned:	04/23/2015	Date of Injury:	07/11/1995
Decision Date:	05/21/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/17/2015

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 51 year old female, who sustained an industrial/work injury on 7/11/95. She reported initial complaints of neck pain. The injured worker was diagnosed as having post cervical laminectomy syndrome, carpal tunnel syndrome, s/p carpal tunnel release, cervical radiculopathy, s/p cervical fusion. Treatment to date has included medication, diagnostics, and surgery. MRI results were reported on 10/24/12. CT Scan results were reported on 11/19/14. Currently, the injured worker complains of neck pain rated 6.5/10 with medication and 10/10 without medication. Quality of sleep was poor. Per the primary physician's progress report (PR-2) on 3/12/15, the injured worker was depressed, fatigued, and in moderate to severe pain. Gait was normal. Range of motion to the cervical spine is restricted with flexion and extension. The paravertebral muscles had hypertonicity and tenderness on both sides. There was tenderness also at the paracervical muscles and trapezius. Spurling's maneuver was positive. The requested treatments include Lidocaine 5%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine 5% quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (lidocaine patch) and Topical Analgesics-Lidocaine Indication: Neuropathic pain Page(s): 56 and 112.

Decision rationale: Lidocaine 5% quantity unspecified is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines do not recommend topical Lidocaine in cream, ointment or gel formulation. The documentation does not indicate extenuating reasons to go against guideline recommendations. Furthermore, the request does not specify a quantity. For these reasons the request for Lidoderm 5% is not medically necessary.