

Case Number:	CM15-0073710		
Date Assigned:	04/23/2015	Date of Injury:	06/29/2000
Decision Date:	05/21/2015	UR Denial Date:	04/06/2015
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 70-year-old male who sustained an industrial injury on June 29, 2000. Prior treatment includes medications, EMG/NCV of the bilateral upper extremities, MRI of the cervical spine, imaging of the left wrist. Currently the injured worker complains of persistent low back pain which she rates an 8-9 on a 10-point scale. Her pain is described as intermittent, sharp, shooting, and stabbing and the pain radiates to the right lower extremity. Diagnoses associated with the request include low back pain, left wrist pain, clinically consistent lumbar radiculopathy and lumbar facet pain. The treatment plan includes medications of Norco, Lyrica, Nexium, and Lidocaine gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine gel 2%: 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- Lidocaine Indication Page(s): 112.

Decision rationale: Lidocaine gel 2% is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The documentation does not indicate extenuating reasons to go against guideline recommendations. The request for Lidocaine gel additionally does not specify a quantity and is not medically necessary.

Norco tab 10-325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Norco tab 10-325mg #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement therefore the request for continued Norco is not medically necessary.