

Case Number:	CM15-0075143		
Date Assigned:	04/27/2015	Date of Injury:	03/31/2010
Decision Date:	05/22/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/20/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 46 year old female, who sustained an industrial injury on March 31, 2010. The injured worker has been treated for neck, thoracic spine and bilateral shoulder complaints. The diagnoses have included cervical sprain/strain, thoracic spine sprain/strain, bilateral mostly neurogenic thoracic outlet syndrome, neuropathic pain of the left upper extremity, headaches, major depressive disorder and suicidality related to industrial injury. Treatment to date has included medications, radiological studies and a left first rib resection. Prior conservative treatment was not found in the documentation provided. Current documentation dated March 23, 2015 notes that the injured workers pain was out of control and that she was in a severe state related to pain. The neurological examination was noted to be unchanged with maximal allodynia and neuropathic pain in the entire left upper thoracic region into the left axilla. The pain made it difficult to reach, grip, carry or even wear most clothing. Edema persisted on the left and there was an element of venous congestion. The treating physician's plan of care included a request for the topical analgesic Lidocaine ointment % 5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine ointment 5%: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 112.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as gabapentin or Lyrica). Topical lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was clear evidence of neurogenic thoracic outlet syndrome which would justify a medication to help treat this nerve pain. However, there was no evidence of having tried and failed first-line treatment for neuropathy to warrant using lidocaine. Therefore, without this evidence to help justify its use, the request for lidocaine ointment %5 is not medically necessary.