

Case Number:	CM15-0097933		
Date Assigned:	05/29/2015	Date of Injury:	09/05/2013
Decision Date:	07/03/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: California

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 a 50-year-old, female who sustained a work related injury on 9/5/13. The diagnoses have included myalgia/myositis, rotator cuff disease, lumbosacral disc degeneration and chondromalacia of patella. Treatments have included oral medications, Lidocaine ointment, Lidocaine patches, Terocin patches, chiropractic treatments and physical therapy. In the PR-2 dated 4/6/15, the injured worker complains of pain in her neck, right shoulder and low back. She states her right shoulder pain is better. She rates her pain level a 7/10. She states her right knee swells. She has tenderness to palpation of right subdeltoid and bicipital tendon. She has some decreased range of motion in right shoulder. She has positive Neer's and Hawkin's tests. She has tender medial right scapular muscles. She has a tender right trapezial muscle. She has tenderness in left iliolumbar junction. She has trace effusion in right knee. She is requesting more physical therapy and chiropractic treatments. The treatment plan includes requests for more physical therapy to shoulder and chiropractic treatments to neck and low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Ointment 5% #35.44: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 110-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The guidelines state that there is little to no research to support the use of many these agents. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. The MTUS guidelines state that no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The request for Lidocaine ointment is not supported per the MTUS guidelines. The request for Lidocaine Ointment 5% #35.44 is not medically necessary and appropriate.