

Case Number:	CM14-0141022		
Date Assigned:	09/10/2014	Date of Injury:	02/01/2002
Decision Date:	10/07/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/02/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to the records made available for review, this is a 51-year-old female with a 2/1/02 date of injury, and status post right carpal tunnel release 8/21/13, status post anterior cervical decompression and fusion C5-6 and C6-7 2/19/14, and status post lumbar fusion. At the time (8/8/14) of request for authorization for Lidocaine Topical Cream; 2.8g/56g Tube, there is documentation of subjective (constant neck pain, pain rated 5/10; constant low back pain rated 7/10, associated numbness and tingling sensation in the bilateral lower extremities; intermittent right hip pain rated 6/10) and objective (tenderness to palpation over the coccyx) findings, current diagnoses (continued severe axial back pain and radiculopathy one year status post lumbar spine; coccyx fracture/coccydynia; status post right carpal tunnel release 8/21/13; and status post anterior cervical decompression and fusion C5-6 and C6-7 2/19/14), and treatment to date (physical therapy and activity modification).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocaine Topical Cream; 2.8g/56g Tube: 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 rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that lidocaine (in creams, lotion or gels) is not recommended for topical application. Therefore, based on guidelines and a review of the evidence, the request for Lidocaine Topical Cream; 2.8g/56g Tube is not medically necessary.