

Case Number:	CM14-0150217		
Date Assigned:	09/18/2014	Date of Injury:	03/13/2013
Decision Date:	11/03/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in Texas and Mississippi. 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:

The injured worker is a 53-year-old female who reported an injury on 03/13/2013. The mechanism of injury involved a motor vehicle accident. The current diagnoses include cervical radiculopathy, right knee pain, bilateral shoulder pain, and headaches. Previous conservative treatment is noted to include medication management, chiropractic therapy, acupuncture, and cervical traction. The current medication regimen includes lidocaine 2% ointment and Lunesta 3 mg. The injured worker was evaluated on 08/01/2014 with complaints of persistent neck and lower back pain. Physical examination on that date revealed tenderness to palpation of the bilateral paravertebral muscles at C4-7, bilateral occipital tenderness, limited cervical range of motion, decreased sensation in the right upper extremity, diminished motor strength in the bilateral upper extremities, tenderness to palpation at L4-S1, limited lumbar range of motion, positive straight leg raising on the left, and tenderness to palpation of the right knee. Treatment recommendations at that time included prescriptions for Lunesta 3 mg and lidocaine 2% ointment. A Request for Authorization form was then submitted on 08/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Lidocaine 2% jelly #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113..

Decision rationale: California MTUS Guidelines state lidocaine is indicated for neuropathic pain or localized peripheral pain after there has been evidence of a trial of first line therapy. No commercially approved topical formulation of lidocaine (whether cream, lotion, or gel) is indicated for neuropathic pain. Therefore, the current request is not medically necessary.