

Case Number:	CM13-0038887		
Date Assigned:	12/18/2013	Date of Injury:	02/10/2006
Decision Date:	02/11/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/02/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in New York and Texas. 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 physician 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 patient is a 53-year-old female who reported an injury on 02/10/2006. The patient is currently diagnosed with lumbar fusion at L4-5 and L5-S1, lumbar radiculopathy, adjacent segment disease with retrolisthesis at L3-4, herniated nucleus pulposus of the lumbar spine with stenosis, cervical and thoracic myofascial complaints, and history of bowel incontinence. The patient was evaluated on 09/11/2013. The patient reported 5/10 pain. Physical examination revealed antalgic gait, tenderness to palpation, lumbar paraspinal spasm, diminished range of motion, decreased sensation in the right L5 and S1 dermatomes, diminished strength in the lower extremities, positive straight leg raising, and positive facet challenge. Treatment recommendations included continuation of current medications and request for authorization for Lido Pro topical ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request of 1 prescription of LidoPro topical ointment 4oz between 9/23/13 and 11/07/13: Upheld

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

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

Decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Lidocaine is indicated for neuropathic pain after a trial of first line therapy with tricyclic or SNRI antidepressants or anticonvulsants such as Gabapentin or Lyrica. Capsaicin is recommended for osteoarthritis, fibromyalgia, and chronic nonspecific low back pain. As per the clinical notes submitted, there is no evidence of a failure to respond to first line treatment with oral medication prior to the initiation of a topical analgesic. The patient currently utilizes Lidoderm patches 5% on an as needed basis. The medical necessity for the requested medication has not been established. Therefore, the request is non-certified.