

Case Number:	CM13-0042469		
Date Assigned:	12/27/2013	Date of Injury:	07/16/2012
Decision Date:	07/25/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/18/2013

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 Physical Medicine and Rehabilitation 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:

The underlying date of injury in this case is 07/16/2012. Treating diagnoses include cervical and lumbar herniated nucleus pulposus, left peroneal motor neuropathy, and lumbar radiculopathy. The patient's treating physician submitted a PR-2 report of 09/24/2013. At that time, the patient reported ongoing neck pain, mid back pain, and low back pain as well as bilateral lower extremity pain. The treating physician reviewed a past electrodiagnostic study which demonstrated a focal left peroneal neuropathy versus L5-S1 radiculopathy. The treating physician diagnosed the patient with a cervical disc herniation, lumbar herniated nucleus pulposus, lumbar radiculopathy, and left peroneal motor neuropathy. The patient was prescribed Norco for pain, Prilosec for gastritis, Docuprene for constipation, and LidoPro cream to help to decrease the patient's dosage of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TUBE OF LIDOPRO TOPICAL OINTMENT 4 OZ: 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.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines Section on Topical Analgesics states that Lidoderm patch has been designated for orphan studies by the FDA for neuropathic pain. This guideline indicates that topical lidocaine is not indicated for non-neuropathic pain. This guideline also notes that no other commercial approved topical formulation of lidocaine, including in a cream or lotion or gel, is indicated for neuropathic pain. Therefore, the medical records do not support an indication overall for LidoPro ointment either for neuropathic or for non-neuropathic pain. This form of lidocaine is not recommended by the treatment guidelines, and the medical records do not provide an alternate rationale for its use. This request is not medically necessary.