

Case Number:	CM13-0045314		
Date Assigned:	04/18/2014	Date of Injury:	12/30/2004
Decision Date:	05/23/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation, and is licensed to practice in Minnesota. 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 58-year-old female who reported an injury on 12/03/2004 due to a slip and fall. The injured worker reportedly sustained an injury to her knee and low back. The injured worker was evaluated on 09/24/2013. It was documented that the injured worker had low back pain radiating into the bilateral lower extremities and neck pain that radiated into the bilateral upper extremities. It was noted that the injured worker had 8/10 pain with medications and 8/10 pain without medications. Objective physical findings included limited range of motion of the lumbar spine secondary to pain with tenderness to palpation along the paraspinal process from the L4 to the S1 and paravertebral musculature. The injured worker's diagnoses included lumbar radiculopathy, status post lumbar fusion, myalgia, depression, chronic pain, status post total knee arthroplasty, chronic nausea, and status post gastric bypass surgery. The injured worker's treatment plan included continuation of medications that included Ondansetron, Cyclobenzaprine, a compounded lidocaine 10% cream and MS Contin.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE PRESCRIPTION ULTRA/LIDO DURATION AND FREQUENCY UNKNOWN DISPENSED 09/24/2013: Upheld

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

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

Decision rationale: The clinical documentation indicates that the requested medication is a compounded topical analgesic that contains lidocaine. The MTUS Chronic Pain Guidelines does not recommend the use of lidocaine in a cream formulation as it is not FDA-approved to treat neuropathic pain. The clinical documentation submitted for review does not provide any evidence to support extending treatment beyond the MTUS Chronic Pain Guidelines' recommendations. Additionally, the request as it is submitted does not provide a frequency or intended duration of treatment. Therefore, the appropriateness of the request itself cannot be determined. As such, the retrospective prescription for Ultra/Lido duration and frequency unknown dispensed on 09/24/2013 is not medically necessary and appropriate.