

Case Number:	CM13-0047479		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2011
Decision Date:	05/28/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/03/2013

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 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:

The patient is an employee of [REDACTED] and has submitted a claim for neck and low back pain with an industrial injury date of May 20, 2011. The treatment to date has included acupuncture, US therapy, and medications, including LidoPro ointment (since October 2013). Medical records from 2013 were reviewed, which showed that the patient complained of neck and low back pain, 3/10, worsened by prolonged sitting in a chair. On physical examination, there was tenderness to palpation of the lumbar paraspinal muscles. The utilization review from October 30, 2013 denied the request for LidoPro 120gm because Lidocaine in creams, lotion, or gels is not recommended for topical application.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO 120GM: Upheld

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

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

Decision rationale: According to pages 111-113 of the Chronic Pain Medical Treatment Guidelines, Lidocaine (in creams, lotions, or gels) and Capsaicin in a 0.0375% formulation are

not recommended for topical applications. The guidelines also state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. Furthermore, the use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. In this case, the patient was being prescribed LidoPro since October 2013. However, there was no discussion regarding the indication for the use of this medication despite not being recommended by guidelines. Moreover, the specific therapeutic goal for using LidoPro was not indicated in the medical records. Therefore, the request for LidoPro 120gm is not medically necessary.