

Case Number:	CM13-0050006		
Date Assigned:	12/27/2013	Date of Injury:	10/20/2008
Decision Date:	03/17/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/08/2013

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 and Rehabilitation, has a subspecialty in Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 45 year old female that reported a work injury on 10/20/08. The mechanism of injury reported was not included in the clinical paperwork. MRI records dated 11/02/08 noted 4mm disc protrusion with bulging at L5-S1, with moderate generative disc disease.

IMR ISSUES, DECISIONS AND RATIONALES

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

retrospective request for 121 grams of Lidopro cream (x2) (10/22/13): 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 Page(s): 111-113.

Decision rationale: The patient has pain in the lumbar region, and a bulging disc as per MRI results. The MTUS guidelines indicates that topical analgesics are largely experimental with few randomized control trials that determine efficacy or safety, and that any compound product that contains at least one drug that is not recommended is not recommended. Therefore the request is non-certified.