

Case Number:	CM13-0053250		
Date Assigned:	12/30/2013	Date of Injury:	01/27/2011
Decision Date:	05/19/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	11/18/2013

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 Orthopedic Surgery 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 claimant is a 49-year-old gentleman injured on January 27, 2011. He reported initial complaints of neck pain and radiating, left upper extremity pain. The clinical records available for review document treatment with chiropractic modalities, epidural steroid injections, physical therapy, a TENS unit and activity restrictions. A PR-2 review dated November 5, 2013, reports subjective complaints of cervical and lumbar pain and documents a diagnosis of lumbar and cervical strain. A trial of LidoPro topical ointment was recommended to address the claimant's ongoing complaints. Lower extremity electrodiagnostic studies, conducted on January 8, 2014, note results consistent with chronic left L5 radiculopathy. This review addresses the request for LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRIAL LIDOPRO OINTMENT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56-57 111-113.

Decision rationale: According to California MTUS Chronic Pain Guidelines, the request for LidoPro cream would not be indicated. According to the Chronic Pain Guidelines, topical Lidocaine is indicated as a second-line agent for neuropathic pain when evidence exists that first-line therapies, including tricyclic antidepressants or agents such as Gabapentin or Lyrica, have failed. While the positive results of electrodiagnostic testing affirm the diagnosis of neuropathic pain, there is no documentation that first-line therapy for pain relief has failed, necessitating treatment with a second-line topical agent. Therefore, the request for LidoPro ointment would not be medically necessary.