

Case Number:	CM13-0054427		
Date Assigned:	12/30/2013	Date of Injury:	07/06/2010
Decision Date:	03/13/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/19/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 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 39-year-old male with date of injury on 07/06/2010. The progress report dated 10/08/2013 by [REDACTED] indicates that the patient's diagnoses include: 1) Adjacent segment disease, L4-L5; 2) Multiple HNPs of the lumbar spine; 3) Facet arthropathy of lumbar spine; 4) Status post lumbar fusion, L5-S1; 5) Lumbar radiculopathy; 6) Status post NLD in 2011. The patient continues with ongoing low back pain and left lower extremity complaints. He reports radiation of pain and numbness down the left leg into calf region. Exam findings include slightly antalgic gait with tenderness to palpation to lumbar paraspinals, decreased range of motion of lumbar spine in all planes. There is decreased sensation in the L4, L5, and S1 dermatomes. Recommendation for LidoPro cream is prescribed to help decrease pain. Utilization review letter dated 11/14/2013 issued noncertification of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Pro 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): 111-113.

Decision rationale: The Physician Reviewer's decision rationale: The patient continues with significant low back pain with radicular symptoms into lower extremities. MTUS guidelines pages 111-113, regarding topical analgesics, states that any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. MTUS further states that lidocaine is indicated for neuropathic pain and recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. Topical lidocaine, in the formulation of a dermal patch, has been designated for orphan status by the FDA for neuropathic pain. MTUS further states specifically that no other commercially approved topical formulations of lidocaine, whether creams or lotions or gels, are indicated for neuropathic pain. The request for LidoPro topical cream did not appear to be supported by the guidelines noted above. Therefore, recommendation is for denial.