MAXIMUS Federal Services

Case Number:	CM13-0056960		
Date Assigned:	12/30/2013	Date of Injury:	05/11/2012
Decision Date:	03/25/2014	UR Denial Date:	10/26/2013
Priority:	Standard	Application Received:	11/25/2013

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 Pain Management, has a subspecialty in Anesthesiology and is licensed to practice in Georgia. 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 claimant presents with low back pain following a work related injury on 05/11/2012. The claimant has a previous history of laminectomy on 7/2012. He reports pain in the low back with radiation down the legs with numbness and tingling. His pain is associated with difficulty in standing for a prolonged period of time as well as prolonged sitting. MRI of the lumbar spine, sacrum and coccyx revealed postsurgical changes at L5-S1 as well as moderated narrowing of intervertebral disc space at this level, which has progressed from prior examination, also annular bulging and developed narrowing, mildly acquired, with encroachment at L4-5 and L3-4. The claimant has tried physical therapy, bracing, and hot and cold application. The physical exam was significant for tenderness along the lumbar paraspinal muscles bilaterally and pain with facet loading as well as decreased range of motion in all planes. The claimant was diagnosed with coccydynia, with history of bilateral L5-S1 laminectomy, partial fasciotomy and microdiscectomy for L5-S1 disc extrusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for prescription of LidoPro lotion 4 oz: 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.

Decision rationale: Prescription of LidoPro lotion 4oz is not medically necessay. According to page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that "topical analgesics such as lidocaine are recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED. Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended." The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with coccydynia, with history of bilateral L5-S1 laminectomy, partial fasciotomy and microdiscectomy for L5-S1 disc extrusion. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain.

The request for prescription of Terocin patches #20: 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.

Decision rationale: Prescription of Terocin patches #20 is not medically necessary. According to page 111 California MTUS guidelines does not cover "topical analgesics that are largely experimental in use with a few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended, is not recommended". Additionally, Per CA MTUS page 111 states that topical analgesics such as lidocaine are " recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (anti-depressants or AED)...Only FDA-approved products are currently recommended. Non-neuropathic pain: Not recommended." The claimant was not diagnosed with neuropathic pain and there is no documentation of physical findings or diagnostic imaging confirming the diagnosis. The claimant was diagnosed with coccydynia, with history of bilateral L5-S1 laminectomy, partial fasciotomy and microdiscectomy for L5-S1 disc extrusion. Per CA MTUS topical analgesic such as Lidocaine is not recommended for non-neuropathic pain.