MAXIMUS Federal Services

Case Number:	CM13-0063149		
Date Assigned:	12/30/2013	Date of Injury:	07/20/2007
Decision Date:	07/03/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 Internal Medicine 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 a 54-year-old male who sustained an injury on 07/20/2007 when he twisted his back, after throwing a large piece of plywood.The progress report dated 10/25/2013, reports that the patient complained of low back pain, which radiates to the right lower limb, and he rated as 6/10. He stated ice and heat helps to control his pain. He has been using medication as needed, which help to control his pain temporarily. He reported pain and tightness in his right shoulder. He reported continued erectile dysfunction. On examination of the lumbar spine, he had decreased range of motion, tenderness over the lumbar spine and paraspinous muscles. He had a decrease in sensation over the left lower extremity. There is a surgical scar over the lumbar spine as the patient underwent a L5-S1 fusion in 02/02/2010. The patient is diagnosed with spondylolisthesis, chronic pain, lumbosacral or thoracic neuritis, and tendonitis of the shoulder. The treatment and plan included no refills, start LidoPro cream, continue self care, home exercise program and TENS, and follow-up with family physician regarding primary care needs. The prior utilization review states that the request for Lidopro topical ointment is non-certified, as there is no evidence of peripheral or neuropathic pain to support this request neither is there documented failure of other treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR LIDOPRO OINTMENT (DISPENSED ON 10/25/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: The Chronic Pain Guidelines indicate that topical analgesics are largely experimental, but may be recommended for neuropathic pain after antidepressants or anticonvulsants have failed. The guidelines also state that any compounded product, which contains at least one (1) non-certified ingredient, renders the entire product non-certified. The clinical documents do not sufficiently demonstrate that the patient has neuropathic pain and has failed first line medications. Additionally, Lidopro is a compounded medication that contains menthol. Menthol is an ingredient that is not certified for topical use. Based on the guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.