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| Case Number: | CM13-0066500 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/08/2013 |
| Decision Date: | 04/24/2014 | UR Denial Date: | 12/12/2013 |
| Priority: | Standard | Application Received: | 12/16/2013 |

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for mid and low back pain reportedly associated with an industrial injury of July 8, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; unspecified amounts of chiropractic manipulative therapy; unspecified amounts of acupuncture; muscle relaxants; and unspecified amounts of extracorporeal shockwave therapy. A clinical progress note of October 31, 2013 is notable for comments that the applicant reports persistent 7/10 pain. The applicant is on oral Flexeril, oral ketoprofen, and topical LidoPro cream. Each of the above was refilled. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said 10-pound lifting limitation in place. In an applicant questionnaire of October 15, 2013, the applicant acknowledged that he was not in fact working.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 4 oz. tube: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics; Topical Analgesics; Salicylate topicals Page(s): 6.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics, as a class, are "largely experimental," to be employed when trials of antidepressants and/or anticonvulsants have been attempted and/or failed. In this case, however, there is no evidence that the applicant has tried and/or failed oral antidepressants, oral anticonvulsants, or other oral pharmaceuticals. In fact, the applicant is described as using two separate oral pharmaceuticals, namely ketoprofen and cyclobenzaprine, without any reported difficulty, impediment, and/or impairment effectively obviating the need for the largely experimental LidoPro lotion. Therefore, the request remains not certified, on independent medical review.