

Case Number:	CM13-0070261		
Date Assigned:	01/03/2014	Date of Injury:	10/20/2010
Decision Date:	04/21/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	12/24/2013

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 53-year-old male who sustained cumulative injury from 1989 to 2010. The diagnoses are neck pain, lumbar radiculopathy, right shoulder impingement syndrome, bilateral carpal tunnel syndrome and bilateral plantar fasciitis. Other diagnoses listed are diabetes mellitus, stress, insomnia and anxiety. A 2011 EMG /NCS was consistent with diabetes neuropathy and chronic L5-S1 radiculopathy. [REDACTED] noted on December 6, 2013 a cervical spine MRI that showed only disc bulges while a lumbar spine MRI showed congenital spinal stenosis and degenerative disc disease. The patient was previously tried on ketoprofen cream on August 14, 2013 but it was not beneficial. Current medications listed are Xanax for anxiety, Norco for pain, Flexeril for muscle spasm, Prilosec for gastritis prophylaxis and Lidopro ointment for neuropathy. The Lidopro topical ointment was started in 2013. A Utilization Review decision was rendered on December 19, 2013 recommending non-certification for Lidopro ointment 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

TOPICAL MEDICATION LIDOPRO OINTMENT 4OZ: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60, 111-113.

Decision rationale: The California MTUS Guidelines addressed the use of topical analgesics for the treatment of neuropathic pain. Topical analgesic could be utilized to treat primary neuropathic pain when trials of anticonvulsants and antidepressants have failed. Lidopro ointment is a compound formulation containing 4.5% lidocaine, 27.5% methyl salicylate, 0.0325% capsaicin and 10% menthol. The medical records reviewed did not show that the patient failed treatment with anticonvulsants or antidepressants. In addition to the primary diabetic neuropathy diagnoses [REDACTED] listed non-neuropathic pain from the neck, back and bilateral upper and lower extremities bones and joints. These painful joints will not be responsive to topical medications. The patient was reported to have failed treatment with topical ketoprofen cream on August 14, 2013. The compound Lidopro ointment contains menthol that is not recommended by the California MTUS guidelines. Therefore the request is not certified.