MAXIMUS Federal Services

Case Number:	CM14-0000585		
Date Assigned:	01/17/2014	Date of Injury:	08/07/1997
Decision Date:	06/09/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 injured worker is a 66 year old female who reported an injury on 08/07/1997, due to an unknown mechanism. The clinical note dated 11/05/2013 presented the injured worker with back pain rated at 7-9/10, bilateral lower extremity numbness and tingling, and pain to her feet. The injured workers physical exam revealed decreased range of motion of the cervical, thoracic, and lumbar spine and a positive straight leg raise. The injured worker had decreased sensation in the right C5-C8 dermatomes to pin prick and light touch, and decreased sensation in the right L3-S1 dermatomes to pin prick and light touch. The injured workers diagnoses were lumbar and cervical radiculopathy. The provider recommended Lidopro topical ointment 4oz. The request for authorization form is not included in the medical documents.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4OZ RELATED TO LUMBAR AND CERVICAL SPINE SYMPTOMS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Criteria For Use of Lidoderm Patches.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that trandsdermal compounds are largely experimental in use with few randomized controlled trials to determine efficiency or safety. Topical analgesia are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS guidelines recommend that Lidoderm is the only comercially approved formulation of lidocaine, and capsaicin is recommended only as an option in injured workers who have not responded to or are intolerant of other treatments. Additionally, the guidelines also note any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. In this case the patient has not responded to or was intollerant of other treatments. Additionally, the medication contains Lidocaine which is only recommended for topical application in the form of Lidoderm. The request for Lidopro topical ointment 4 oz, related to lumbar and cervical spine symptoms is not medically necessary and appropriate.