

Case Number:	CM14-0004173		
Date Assigned:	02/05/2014	Date of Injury:	07/25/2012
Decision Date:	08/21/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/10/2014

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 & Rehabilitation and is licensed to practice in Illinois. 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 40-year-old female who reported an injury on 07/25/2012 secondary to being hit in the back by a 300 to 400 pound door. The injured worker was evaluated on 12/16/2013 for reports of low back pain. The exam noted tenderness to palpation in the thoracolumbar paraspinal muscles and tenderness to palpation in the left periscapular area with hypertonicity. The diagnoses included lumbar degenerative disc disease, thoracic degenerative disc disease, and myofascial pain. The treatment plan included a home exercise program, TENS, chiropractic care, and Lidopro cream. The request for authorization and rationale for request were not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDO PRO OINTMENT 120GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105, 112-113.

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

Decision rationale: The California MTUS Guidelines do not recommend the use of lidocaine topically other than in a dermal patch such as Lidoderm. Also, there is a significant lack of

clinical evidence with evaluation of the efficacy of the prescribed medication. Furthermore, the request does not indicate the specific dosage frequency and area of the body for application. Therefore, due to the significant lack of clinical evidence of an evaluation of the efficacy of the prescribed medication, the guidelines not recommending lidocaine in any other form than a Lidoderm patch, and the specific dosage frequency and area of the body for application not being included in the request, the request for LidoPro ointment 120gm is not medically necessary.