

Case Number:	CM14-0005499		
Date Assigned:	01/24/2014	Date of Injury:	10/11/2000
Decision Date:	08/28/2014	UR Denial Date:	12/04/2013
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 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 chronic pain syndrome, chronic neck pain, chronic low back pain, anxiety, depression, and sleep disturbance reportedly associated with an industrial injury of October 11, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical agents; and the apparent imposition of permanent work restrictions. No applicant-specific rationale was incorporated. In an earlier progress note of November 15, 2013, the applicant did report 8/10 neck, shoulder, and low back pain. The applicant was using a TENS unit and traction device, it was noted. The applicant was given prescriptions for Vicodin, Flexeril, Nortriptyline, Lidocaine Patches, Motrin, Prilosec, Tenormin, and Zoloft. The applicant's work status was not clearly stated on this occasion. In a handwritten note dated November 7, 2013, it was stated that the applicant was already permanent and stationary and, thus, did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-112.

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

Decision rationale: As noted on page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics such as Lidopro, as a class, are deemed largely experimental, and primarily recommended for neuropathic pain in applicants in whom trials of antidepressants and/or anticonvulsants have failed. In this case, however, the applicant's concurrent usage of first line anticonvulsant and antidepressant agent, Pamelor, effectively obviates the need for the Lidopro cream in question. Therefore, Lidopro Cream is not medically necessary.