

Case Number:	CM14-0006435		
Date Assigned:	02/07/2014	Date of Injury:	05/13/2008
Decision Date:	08/04/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/16/2014

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:

This is a 45-year-old female with a 5/13/08 date of injury. The method of injury is not noted. In a 11/5/13 progress note, the patient complained of ongoing lower back pain and bilateral lower extremity complaints, which she rates at 6/10 on the pain scale. Objective findings: antalgic gait, tenderness to palpation to lumbar paraspinals with bilateral lumbar paraspinal spasms noted. Range of motion of the lumbar spine is decreased in all planes, straight leg raise bilaterally at 60 degrees reproduces pain to the foot, and a positive slump test bilaterally. She does report radiation of pain and numbness on both of her legs into her feet, right greater than left. Diagnostic impression: severe lumbar facet syndrome, retrolisthesis L5 and S1, potential psychological issues including depression, anxiety, and sleep deprivation, multilevel DDD of lumbar spine, facet arthropathy L4-5 with mild canal stenosis, status post peroneus brevis tendon repair with tubulization without fibular groove deepening. Treatment to date includes: medication management, activity modification, and ESI. A UR decision dated 12/16/13 denied the request for LidoPro cream. Guidelines only support the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of first-line therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Lidopro cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 25, 28, 111-113.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine in a topical cream form is not recommended because the dose is not easily controlled and continued use can lead to systemic toxicity. A specific rationale identifying why LidoPro would be required in this patient despite lack of guidelines support was not identified. Therefore, the request for prescription of Lidopro cream is not medically necessary.