

Case Number:	CM14-0007032		
Date Assigned:	02/07/2014	Date of Injury:	03/16/2013
Decision Date:	06/23/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/18/2014

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 Family Medicine and is licensed to practice in Tennessee, California and Virginia. 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 37 year old female injured on 03/16/13 when she was unloading a bag from her work vehicle into her personal vehicle and felt low back pain. Current diagnoses included lumbosacral back strain/sprain, bilateral sciatica, disc herniation, and lumbar radiculopathy. Clinical note dated 02/12/14 indicated the injured worker presented reporting re-injury to the lumbar spine while leaving work on 01/10/14. She reported severe sharp pinch and spasms with bilateral lower extremity weakness. The injured worker rated her pain at 6/10 with the use of Vicodin 5/325mg and ibuprofen. Objective clinical findings included decreased lumbar extension with pain and tenderness to palpation on lumbar paraspinal muscles with spasms. The injured worker was advised to continue heat therapy and obtain MRI due to worsening symptoms after re-injury. Prescriptions for Flexeril PRN, LidoPro, Topiramate, Norco 5/325mg BID were provided. The original request for LidoPro topical ointment four ounces was non-certified on 12/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4 OUNCES: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MTUS: CHRONIC PAIN TREATMENT GUIDELINES, ..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidoderm is recommended for a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. There should be evidence of a trial of first-line neuropathy medications (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). The documentation indicates the injured worker is currently utilizing topiramate. Lidoderm is not generally recommended for treatment of osteoarthritis or treatment of myofascial pain/trigger points. Therefore LidoPro topical ointment 4 ounces cannot be recommended as medically necessary as it does not meet established and accepted medical guidelines.