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| Case Number: | CM14-0008525 | | |
| Date Assigned: | 02/10/2014 | Date of Injury: | 11/08/2011 |
| Decision Date: | 06/24/2014 | UR Denial Date: | 01/13/2014 |
| Priority: | Standard | Application Received: | 01/22/2014 |

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 Pain Management 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 patient with a date of injury of 11/8/11. A utilization review determination dated 1/13/14 recommends non-certification of LidoPro. 10/21/13 medical report identifies low back pain 5/10 with pain, numbness, and tingling down both legs to the feet with associated weakness of the legs. On exam, there is lumbar spine tenderness and limited range of motion (ROM). Sensation is diminished in the right L5 and S1 dermatomes, motor is 4+/5 right TA, EHL, inversion, and eversion, and 5-/5 left TA, EHL, inversion, and eversion. Straight leg raises (SLR) are positive on the left at 60 degrees causing radiating pain to the toes. Lasegue's is positive on the left. Recommendations included consultations for psych and incontinence issues, FCE, and LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS, 111-113

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Chronic Pain Medical Treatment Guidelines 8 C.C.R. §§9792.20 - 9792.26 MTUS (Effective July.

Decision rationale: Regarding the request for LIDOPRO TOPICAL OINTMENT, California MTUS cites that topical NSAIDs are indicated for "Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use." That has not been documented. Topical lidocaine is "Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." That has not been documented. Furthermore, it is supported only as a dermal patch. Capsaicin is "Recommended only as an option in patients who have not responded or are intolerant to other treatments." That has not been documented. Finally, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. In light of the above issues, the currently requested Lidopro Topical Ointment is not medically necessary.