

Case Number:	CM14-0108636		
Date Assigned:	09/16/2014	Date of Injury:	09/22/2013
Decision Date:	10/24/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/14/2014

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 patient is a 43 year-old male with date of injury 09/22/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/28/2014, lists subjective complaints as pain in the mid back and ribs as well as low back. Objective findings: Patient has palpation tenderness to the right lower lateral rib region, and tenderness over the right costochondral junction. Range of motion was limited in the lumbar spine in all planes. Lower extremity sensation was intact. Tibialis anterior, EHL, inversion, eversion and plantarflexors were 5-/5 bilaterally. Diagnosis: 1. Status post right eighth rib fracture 2. Thoracic disc herniation at T5-6 3. Lumbago. Patient has been approved for 8 sessions of physical therapy and 8 sessions of chiropractic care and has already completed 24 sessions of acupuncture. The medical records provided for review document that the patient has been taking the following medications for at least four months. Medications: 1. Lidopro Topical Ointment 4oz, #1 SIG: apply three times a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4oz #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.20 - 9792.26, Pages Page(s): 111-112.

Decision rationale: Lidopro lotion is a compounded medication which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the Chronic Pain Medical Treatment Guidelines, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. The request for Lidopro lotion is not medically necessary.

8 Acupuncture Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines allow acupuncture treatments to be extended if functional improvement is documented as defined in Section 9792.20(f). Although the patient had brief improvement in his level of pain, there is no documentation in the medical record that the patient has had functional improvement with the 24 visits of acupuncture previously authorized. Therefore, the request is not medically necessary.