

Case Number:	CM14-0115021		
Date Assigned:	08/04/2014	Date of Injury:	08/07/1997
Decision Date:	09/18/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/22/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 66-year-old female with an injury date of 08/07/1997. According to the 06/24/2014 progress report, the patient presents with back pain and right leg pain which she rates as a 10/10 on the pain scale. She has bilateral lower extremity numbness, tingling, and pain to her feet (right greater than left). The patient is currently taking Norco, Zofran, Trazodone, and Norflex. "She states the medications help decrease pain and notes occasional nausea, which is reduced with the Zofran." Range of motion of the cervical, thoracic, and lumbar spine are all decreased throughout. The patient has decreased right C5, C6, C7, and C8 dermatomes to pinprick and light touch. She also has decreased right L3, L4, L5, and S1 dermatomes to pinprick and light touch. She tested as having a positive straight leg raise on the right. The patient's diagnoses include the following failed back surgery syndrome, status post lumbar surgery, status post spinal cord stimulator placement, lumbar radiculopathy, and cervical radiculopathy. The utilization review determination being challenged is dated 07/15/2014. Treatment reports were provided from 06/24/2014 - 07/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT: 4 OZ (30 DAY SUPPLY): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The MTUS has the following regarding topical creams chronic pain section) Page(s): 111.

Decision rationale: Based on the 06/24/2014 progress report, the patient complains of back pain and right leg pain. The request is for LidoPro topical ointment: 4 oz (30-day supply). MTUS page 111 states that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine is a formulation of a dermal patch (Lidoderm) and has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used for label for diabetic neuropathy. No other commercially-approved topical formulations as lidocaine (whether creams, lotions, gels) are indicated for neuropathic pain. MTUS does not support lotion formulation of lidocaine for neuropathic pain. Therefore the request is not medically necessary.