MAXIMUS Federal Services

Case Number:	CM14-0115538		
Date Assigned:	08/04/2014	Date of Injury:	04/14/2014
Decision Date:	10/01/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/23/2014

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 Internal 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 injured worker is a 42-year-old male who reported an injury on 04/14/2014 while doing his customary work he (with other coworkers) lifted a wall section when he gradually felt pain coming onto his lower back, and got worse over the next 2 hours. The injured worker complains of lower back pain and right shoulder pain at the AC joint. The physical examination of the lumbar spine revealed an antalgic gait, stiffness, tenderness and spasms noted to the regional area, range of motion limited in all planes, paraspinous muscle spasms, positive for spasms on forward flexion. The spinous processes were locally tender. The medications included Biofreeze and Etodolac ER 600 mg. The prior treatments included cold packs, hot packs, lumbar support and physical therapy. The treatment plan includes LidoPro cream. The request for authorization was not submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines; topical anlgesic medication

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The request for Lidopro Cream is not medically necessary. As stated in California MTUS Guidelines, Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy such as a tri-cyclic or serotonin-norepinephrine reuptake inhibitor anti-depressants or an anti-epileptic drug such as gabapentin or Lyrica. Topical lidocaine, in the formulation of a dermal patch (Lidoderm has been designated by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The clinical notes did not indicate the injured worker's measurements of pain. The guidelines indicate there must be evidence of a trial of antidepressants. The request did not address the frequency, duration, or dose. As such, the request is not medically necessary.