

Case Number:	CM14-0116172		
Date Assigned:	08/04/2014	Date of Injury:	08/08/2008
Decision Date:	10/02/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 46-year-old female who reported an injury 08/28/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 06/30/2014 indicated diagnosed of cervical degenerative disc disease, cervical radiculitis, and lumbar sprain/strain. The injured worker reported neck and low back pain was well controlled with Cymbalta. The injured worker reported she had been doing acupuncture, and it was very helpful in managing her pain and improving her activities of daily living. The injured worker reported she had been taking Cymbalta over the last several months and it was helpful for managing neuropathic pain. The injured worker continued to find omeprazole helpful to control GI upset and Vicodin helpful when her pain was increased. The injured worker reported medications helped with pain over 50% and keeps her pain under control and maintains her activities of daily living. The provider reported no aberrant behaviors were noted, and no side effects of medication. On physical examination, there was tenderness to palpation over the cervical and lumbar paraspinal musculature with hypertonicity. The injured worker's treatment plan included continued self-care, continue to follow-up with family physician, and continue acupuncture as scheduled. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Vicodin, Cymbalta, and LidoPro. The provider submitted a request for LidoPro topical analgesic. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

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

Decision rationale: The request for Lidopro 121gm is not medically necessary. The California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines state any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants or anticonvulsants. In addition, it is not indicated if the injured worker was intolerant to other treatments. Moreover, the guidelines indicate that topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first line therapies such as gabapentin or Lyrica in the form of the patch of Lidoderm. No other commercially approved formulations of lidocaine, whether creams, lotions, or gels, are indicated for neuropathic pain. Per the guidelines, any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. In addition, the request does not indicate a frequency or quantity. Therefore, the request for Lidopro 121gm is not medically necessary.