MAXIMUS Federal Services

Case Number:	CM14-0116548		
Date Assigned:	08/04/2014	Date of Injury:	02/16/2010
Decision Date:	09/10/2014	UR Denial Date:	06/20/2014
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 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 applicant is a represented [redacted] employee who has filed a claim for chronic regional pain syndrome, chronic low back pain, chronic knee pain, and chronic lower extremity pain reportedly associated with an industrial injury of February 16, 2010.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; several foot and ankle surgeries; spinal cord stimulator implantation; and topical agents. In a Utilization Review Report dated June 20, 2014, the claims administrator approved a request for Prozac, Prilosec, and Imitrex while denying topical LidoPro ointment.The applicant's attorney subsequently appealed.In a request for authorization form dated January 3, 2014, difficult to follow, not entirely legible, the applicant apparently received prescriptions for Protonix, Imitrex, and Carisoprodol. No narrative commentary was attached to the same.In a January 10, 2014 progress note, the applicant reported persistent complaints of low back pain, 6-9/10. The applicant was using Duragesic, Percocet, Soma, and Topamax, I was acknowledged. The applicant received multiple medication refills. The applicant's work status was not furnished, although it did not appear that the applicant was working.On June 4, 2014, the applicant was again given prescriptions for Duragesic, Topamax, Oxycodone, Prozac, Prilosec, and Imitrex. Topical LidoPro cream was also prescribed. The applicant's work status was again not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical analgesic cream: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including oxycodone, Soma, Topamax, etc. effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical analgesics such as the LidoPro compound in question. Therefore, the request for Lidopro topical analgesic cream is not medically necessary and appropriate.