MAXIMUS Federal Services

Case Number:	CM14-0121400		
Date Assigned:	08/06/2014	Date of Injury:	10/16/2012
Decision Date:	10/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/31/2014

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 claimant was injured on 10/16/12. LidoPro ointment is under review. He has chronic pain involving his neck, low back, and lower extremities. His diagnoses included L1 compression fracture, pseudoarthrosis, adjacent segment disease of the lumbar spine and cervical and lumbar radiculopathy. The plan was for LidoPro ointment, TLSO brace, x-rays, EMG/NCS, MRI, and medication. He had an AME on 01/28/14. He was treated in the past with Vicodin and Naproxen. He was currently treating with [redacted] and continued medication in the form of Gabapentin, Sertraline, Elavil, Orphenadrine, and Tramadol. He was doing home exercises. He reported constant pain with limited mobility and difficulty with his activities. He is status post anterior cervical interbody fusion and lumbar laminectomy in 2010 and a right total knee arthroplasty in 2013. His cervical spine had no tenderness and no muscle spasm with mildly range of motion and normal reflexes and strength. His shoulder exam was unremarkable. There was scarring of the lumbar spine with decreased range of motion. There was moderate spasm and negative straight leg raises. His knee reflex was absent and he had good strength and normal sensation. As of 03/03/14, he was taking Naproxen, Vicodin, and Aspirin. He was prescribed Norflex, Ambien, and Neurontin. He was also given topical medication that included multiple medications. A drug screen dated 04/10/14 revealed the presence of no medication. He underwent a cervical epidural injection that day and a right sacroiliac joint injection on 04/23/14. On 05/07/14, he underwent a left SI joint injection. On 06/23/14, he saw [redacted] and he was unable to use at Aleve or Advil. He stated Gabapentin helps. Zoloft and Aspirin also help to decrease his pain. He was prescribed LidoPro cream. He reportedly was taking antidepressants and Gabapentin and still was having radicular complaints.

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: 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): 143.

Decision rationale: The history and documentation do not objectively support the request for LidoPro topical ointment 4 oz. The MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." There is no evidence of failure of all other first line drugs. The claimant received refills of his other medications and stated that Gabapentin and Aspirin helped. Lidocaine is only recommended by the MTUS in the form of Lidoderm patches. The medical necessity of this request for LidoPro topical ointment has not been established.