

Case Number:	CM14-0122003		
Date Assigned:	08/06/2014	Date of Injury:	11/14/2013
Decision Date:	09/11/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/01/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 28 year old male who had a work related injury on 11/14/13. The injured worker was treated for lumbosacral pain, neck pain and headaches. He completed six sessions of chiropractic care which his pain levels decreased and range of motion was improved. Clinical note dated 07/14/14, stated the injured worker had ongoing upper and low back pain associated headaches with no tender points. His diagnosis included cervical sprain/strain, lumbosacral sprain/strain, headaches, and myofascial pain. Neurological examination was requested for headaches. The injured worker was treated with non-steroidal anti-inflammatory drugs (NSAIDs), TENS units, medication, and topical analgesics. Prior utilization review on 07/21/14 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Cream (Unspecified Qty,Dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: There is no discussion regarding the initiation, prior use, or medical necessity of the medication. Additionally, the request failed to provide the dose, frequency, amount, and number of refills to be provided. Therefore, the request is not medically necessary.