

Case Number:	CM14-0128080		
Date Assigned:	08/15/2014	Date of Injury:	05/25/2011
Decision Date:	11/05/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Interventional Spine. 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 patient is a 58 year old male with an injury date of 05/25/11. Based on the 06/19/14 progress report provided, the patient complains of neck and left leg pain rated 8/10 and back pain rated 3/10. He is status post posterior lumbar fusion at L5-S1 on 03/13/14, and his back is much improved. Currently he reports increased pain down his left leg to his calf and increased left foot numbness. Diagnosis 06/19/14:- multilevel HNP of the cervical spine, however with moderate to severe stenosis- status post posterior lumbar fusion- left lower extremity radiculopathy- cervical radiculopathy- cervicogenic headaches Treater is requesting Lidopro topical ointment 4 oz. The utilization review determination being challenged is dated 07/21/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment 4oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines regarding topical creams Page(s): 111.

Decision rationale: Patient presents with neck and left leg pain rated 8/10 and back pain rated 3/10. The request is for Lidopro topical ointment 4 oz. Currently, he reports increased pain

down his left leg to his calf and increased left foot numbness. His diagnosis dated 06/19/14 includes multilevel herniated nucleus pulposus (HNP) of the cervical spine, however with moderate to severe stenosis, left lower extremity radiculopathy and cervical radiculopathy. He is status post posterior lumbar fusion L5-S1. The MTUS has the following regarding topical creams (page 111, chronic pain section): " Lidocaine Indication: Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status 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." Requested topical ointment is not indicated by MTUS. The request is not medically necessary.