

<b>Case Number:</b>	CM14-0135828		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	02/26/2007
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Alabama and Maryland. 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 53-year-old, who sustained an industrial injury on February 26th, 2007. He was diagnosed with lumbar radiculopathy involving the left L2-5 roots which was confirmed with electrodiagnostic testing. Patient has also been diagnosed with chronic myofascial pain with reactionary sleep disturbance, psycho emotional issue, and poor coping with no suicidal ideation. Patient also has a history of diabetes, hypertension, and hypercholesterolemia. On August 2nd, 2014, [REDACTED] saw him, and it was reported that the patient had continuous intermittent low back pain that radiated to the lower extremities. Medication only helped with 50% of the pain and somewhat improved his activity of daily living. He also tried TENS (transcutaneous electrical nerve stimulation) unit which was helpful in managing some of his pain. On examination, his gait was antalgic, decreased range of motion of the lumbar spine was noted, and there was diffuse tenderness in the lumbar spine. There was a request of a lidopro topical cream which was denied and is being questioned here.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro ointment:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical pain Page(s): 111-113.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy with TCAs, anti-depressants or anti-convulsants. However, the medical records do not establish the proper use of first-line treatment. It is also important to note that lidopro topical for this patients low back pain with radicular pain would not be appropriate. Therefore, the request for Lidopro ointment is not medically necessary or appropriate.