

Case Number:	CM14-0140587		
Date Assigned:	09/10/2014	Date of Injury:	11/12/2008
Decision Date:	11/03/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/29/2014

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 Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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 57-year-old female who sustained a work related injury on 11/12/2008 as a result of an unknown mechanism of injury. Her most recent PR-2 documents constant lower back pain that radiates to the left > right lower extremity and to her upper back and ambulates with a crutch. On exam she has tenderness to palpation to the lumbar region. The patient tried Gabapentin that did not help. She is on Tramadol and Topiramate as current treatment regimen. In dispute is a decision for LIDOPRO ointment 1.21 GM #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO OINTMENT 1.21GM #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105-112-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

<http://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207e>

Decision rationale: LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment
Topical analgesics (compounded): Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control medications of differing varieties and strengths. Because the patient does not have a documented complaint of neuropathic pain, failed antidepressant treatment trial and MTUS guideline not recommending use of topical creams because of lack of peer reviewed literature, I find the request for the topical analgesic cream not medically necessary.