

Case Number:	CM14-0167595		
Date Assigned:	10/14/2014	Date of Injury:	07/02/2014
Decision Date:	11/17/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/10/2014

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 Geriatrics and is licensed to practice in New York. 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 25 year old man with a date of injury of 7/2/14. He was seen by his physician and complained of neck, mid - low pain, upper extremity and lower extremity pain. His medications included soma, Norco and Naproxen. His exam showed a normal, non-ataxic gait. He had reduced cervical, lumbar and thoracic range of motion and tenderness to palpation in the cervical, thoracic and lumbar spine. He had lower extremity decreased sensation in the left L5 dermatome. Finger flexion and extension was 4/5 bilaterally and plantar flexion was 4/5 on the right and the rest of the motor exam was normal. His diagnoses were L5 spondylosis, spondylolisthesis and lumbar radiculopathy. At issue in this review is the request for Lidopro cream "to help with breakthrough pain".

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription drug, generic - Keto/Lipo/Polox/Lecith for the cervical, thoracic and lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

Decision rationale: Topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. Regarding topical Flurbiprofen in this injured worker, the records do not provide clinical evidence to support medical necessity of a non-recommended compounded treatment.