

Case Number:	CM14-0024244		
Date Assigned:	06/11/2014	Date of Injury:	08/11/1997
Decision Date:	07/15/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	02/26/2014

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 California. 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 47-year-old male who was injured on 08/11/1997 while working on a furnace. He lifted heavy blocks weighing 100 lbs. and suffered immediate symptoms of a pulling pain to the low back that radiated to the lower extremity. Prior medication history has included Lidopro cream, Butrans and Gabapentin. The patient underwent a micro-lumbar decompression in 1997 and a micro-lumbar decompression in 1998. The progress report dated 01/16/2014 states the patient continues with pain which he rated a 6/10. The objective findings are unchanged since the note from 01/02/2014. The progress report dated 01/02/2014 indicates the patient had low back pain and leg pain with numbness and weakness. Objective findings on exam are essentially the same as the progress note dated 11/07/2013. The progress report dated 11/07/2013 indicates the patient presented with low back pain and leg pain which he rated as an 8/10 with numbness and weakness. On exam, he had an antalgic gait. Range of motion of the lumbar spine was decreased in all planes. His lower extremity sensation was intact bilaterally. His motor exam was a 5-/5 in the left tibialis anterior; 4/5 in the right tibialis anterior; 4+/5 left extensor hallucis longus, inversion, plantarflexion, eversion; and 4/5 right extensor hallucis longus, inversion, plantarflexion and eversion. His motor exam was limited by pain. Straight leg raise produced pain in the foot bilaterally. He had a positive slump test bilaterally. The diagnoses are degenerative lumbar spine with radiculopathy and disc herniations at L5-S1 with moderate bilateral neural foraminal narrowing. The treatment plan included Lidopro cream, Butrans 10mcg, and Gabapentin 600mg. The utilization review dated 02/04/2014 stated the request for Lidopro cream was non-certified as medical necessity had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Pain (updated 01/07/14).

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

Decision rationale: According to the CA MTUS Chronic Pain guidelines, topical analgesics are an option with specific indications. Many agents are compounded and used as mono-therapy or in combination for pain control (including NSAIDs, opioids, capsaicin, and local anesthetics). There is little to no clinically-based evidence to support the use of many of these agents. According to the guidelines, Lidocaine is recommended for neuropathic pain, as well as for localized peripheral pain after there has been evidence of a trial of first-line therapy (tricyclic or SNRI anti-depressants or an anti-epileptic drug such as gabapentin or Lyrica). However, there is no evidence of any neuropathic pain in this patient. There is no documentation of any improvement in the pain level or function with prior use of Lidopro cream in this case. Therefore, the medical necessity of this compounded topical product is not established and is non-certified.