

Case Number:	CM14-0028283		
Date Assigned:	06/13/2014	Date of Injury:	12/21/2013
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 injured worker is a 30 year old male who suffered a work related injury on 12/21/13. He was working at a weight room in a gym when he was bending down with weights in his hand and was trying to rack the weights. Immediate pain in his left hip and low back. He stated he reported the injury to his supervisor immediately. He went to the emergency room at [REDACTED] x-rays were performed and prescribed Norco and told to follow-up with his physician. X-rays on 12/21/13 reported no acute disease. MRI dated 01/08/14 of the lumbar spine, notes at L5-S1 there was mild to moderate broad central disc protrusion abutting the S1 nerve roots but did not displace them. Disc protrusion was larger in the left paracentral region and slightly larger compared to previous exam. The injured worker had chiropractic treatment, pain medication, Norco 5/325. Most recent progress note dated 03/04/14 noted the injured worker complaining of severe low back pain with left radicular pain in the legs especially in the left thigh. Physical examination noted strength was rated 5/5 to manual motor testing in lower extremities. Sensation was intact to light touch and pin prick throughout. Deep tendon reflexes were symmetrical in the knee jerk ankle jerk and posterior tibial tendon jerk. Diagnosis, left lumbar radiculopathy secondary to L5-S1 disc protrusion with S1 nerve root impingement and left inguinal hernia by MRI. The request is for prescription for LidoPro topical lotion four ounces.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL LOTION 4OZ: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain. Compounded medications.

Decision rationale: The request is for prescription for LidoPro topical lotion four ounces is not medically necessary. The request for LidoPro lotion is not supported medically necessary. California Medical Treatment Utilization Schedule, the Official Disability Guidelines and US FDA do not recommend the use of compounded medications as these medications are noted to be largely experimental in use with few randomized controlled trials to determine efficacy or safety. Further, the FDA requires that all components of a transdermal compounded medication be approved for transdermal use. This compound contains: lidocaine which has not been approved by the FDA for transdermal use. Any compounded product that contains at least one drug (or drug class) that is not recommended and therefore not medically necessary.