

Case Number:	CM14-0029860		
Date Assigned:	06/20/2014	Date of Injury:	07/06/2012
Decision Date:	07/17/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/10/2014

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 Physical Medicine & Rehab, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 36 year old male who reported an injury on 07/06/2012 due to cumulative trauma. On 01/24/2014 he reported low back, buttock, left leg, and bilateral ear complaints. His pain was rated at a 7/10. A physical examination revealed tenderness in the lumbar spine midline and bilateral paraspinal musculature. Lumbar range of motion was 45/60 degrees to flexion, extension 10/25 degrees, right and left lateral bend was 20/25 degrees, decreased sensation in the left L2 and S1 dermatomes was noted along with significant hyperreflexia in bilateral patella reflexes and Achilles. His diagnoses include spinal stenosis of the lumbar spine, lumbar HNP, lumbar radiculopathy, and bilateral ear tinnitus. The treatment plan was for LidoPro topical ointment 4oz #1. The request for authorization form was signed on 01/24/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment 4oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): pp. 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114..

Decision rationale: The request for LidoPro topical ointment 4oz #1 is not medically necessary. Topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy of safety. LidoPro contains lidocaine and capsaicin. California MTUS guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine is not recommended for the treatment of non-neuropathic pain. Capsaicin is only recommended as an option in those who have not responded or are intolerant to other treatments. There is no documentation stating that the injured worker's pain is neuropathic. Also, there are no reports of prior failed or not tolerated treatments. In addition, the request does not contain the frequency, location, or rationale of the medication. The documentation provided lacks the information needed to warrant the use of LidoPro. Therefore, the request is not medically necessary.