

Case Number:	CM14-0034609		
Date Assigned:	06/20/2014	Date of Injury:	02/07/2008
Decision Date:	07/22/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/20/2014

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 Nevada. 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 65-year-old female who was reportedly injured on February 7, 2008. The mechanism of injury was noted as a fall. The most recent progress note dated February 14, 2014, indicated there were ongoing complaints of low back, right shoulder, left leg, neck and right wrist pains. The physical examination demonstrated a decrease in lumbar spine range of motion, tenderness to palpation with muscle spasm in the lower lumbar region and no specific neurological losses. Diagnostic imaging studies were not presented for review. Previous treatment included conservative care, physical therapy, multiple medications, topical preparations, aquatic therapy and a Transcutaneous Electrical Nerve Stimulation (TENS) unit. A request was made for topical lidocaine ointment and was not certified in the pre-authorization process on February 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment 4 oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 28, 105, 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines: 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 111-113.

Decision rationale: When noting the date of injury, the reported mechanism of injury, and given the fact that the injured employee has continued to return to work, there was no noted efficacy or utility with the application of this topical preparation. There was no increased functionality, no proven range of motion or decrease in pain complaints. Therefore, when taking into account the MTUS Chronic Pain Guidelines' parameters for topical lidocaine, this is not medically necessary.