

Case Number:	CM14-0038346		
Date Assigned:	06/25/2014	Date of Injury:	09/01/2009
Decision Date:	08/06/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/01/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of September 1, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; muscle relaxants; aquatic therapy; a TENS unit; psychological counseling; and topical agents. In a Utilization Review Report dated March 14, 2014, the claims administrator denied a request for a topical compounded LidoPro cream. The applicant's attorney subsequently appealed. In a handwritten note of April 24, 2014, the applicant was placed off of work, on total temporary disability, the applicant was using Norco, topiramate, cyclobenzaprine, and LidoPro cream, it was stated. Despite the fact that the applicant was off of work, the attending provider posited that ongoing usage of these agents was beneficial. The applicant had ongoing issues with depression and swelling about the bilateral legs. The applicant was current unemployed, it was stated. The applicant was described as using each of the medications in question, including Norco, Flexeril, topiramate, and LidoPro in an earlier note of April 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido pro cream for lower bilateral extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pg. 111-113. Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of a variety of oral analgesic and adjuvant medications, including Norco, Flexeril, and topiramate, effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as LidoPro. Therefore, the request is not medically necessary.