

Case Number:	CM14-0039249		
Date Assigned:	06/27/2014	Date of Injury:	05/25/2000
Decision Date:	07/28/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/03/2014

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 Management 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:

According to the records made available for review, this is a 60-year-old female with a 5/25/00 date of injury. At the time (1/31/14) of the request for authorization for LidoPro Topical Ointment 4 oz, there is documentation of subjective (neck pain with bilateral arm symptoms and low back pain with bilateral leg symptoms) and objective (diffuse palpation tenderness in her cervical, thoracic, and lumbar paraspinal regions, decreased range of motion cervical and lumbar spine, and 4+/5 strength deltoids, biceps, internal rotators and external rotators on the left and 4+5 strength tibialis anterior, EHL, inversion, eversion and plantar flexors bilaterally) findings, current diagnoses (cervical radiculopathy, multilevel disc herniation of cervical spine with moderate to severe canal stenosis at C5-6, and severe left neural foraminal narrowing at C5-6), and treatment to date (medication and chiropractic treatment).

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.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, Baclofen and other muscle relaxants, and gabapentin and other anti-epilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, multilevel disc herniation of cervical spine with moderate to severe canal stenosis at C5-6, and severe left neural foraminal narrowing at C5-6. However, LidoPro contains at least one drug (lidocaine in a lotion) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for LidoPro Topical Ointment 4 oz is not medically necessary.