MAXIMUS Federal Services

Case Number:	CM14-0039929		
Date Assigned:	06/27/2014	Date of Injury:	02/26/2007
Decision Date:	08/19/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 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 patient is a who was injured on 02/26/2007. The mechanism of injury is unknown. He has been treated conservatively with TENS unit and home exercise program. His past medication history included Progress report dated 03/22/2014 states the patient presented with complaints of continued low back pain that comes and goes and occasionally radiates to the lower extremity, left greater than right. He does report his medications are helpful about 40-50% and keeps his pain under control and improve his ADL's. His exam revealed tenderness to palpation of the lumbar spine and decreased range of motion. He is diagnosed with lumbar degenerative disk disease, lumbosacral or thoracic neuritis or radiculitis, and lumbar spinal stenosis. He was instructed to continue with home exercise program and TENS unit. He was also recommended to continue with his medications which include Tramadol 50 mg, Topiramate 25 mg, omeprazole 20 mg and Lidopro ointment for topical analgesic.Prior utilization review dated states the request for Lidopro ointment is not certified as guidelines do not support its use with the exception of Lidoderm patches. There are no clinical indications to show the medicl necessity of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Lidopro Ointment: 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 based on Non-MTUS Citation http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9- 4865-b805-a84b224a207e.

Decision rationale: The CPMT Guidelines recommend the use of topical analgesics/lidocaine in the patch form for the treatment of localized pain. The medical records document that the patient has lumbar pain secondary to degenerative disc disease and radiculopathy. Further, the documents show that these pain symptoms are chronic. Based on the CPMT guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.