

Case Number:	CM14-0040075		
Date Assigned:	08/29/2014	Date of Injury:	06/25/2004
Decision Date:	10/07/2014	UR Denial Date:	03/14/2014
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 Family 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 injured worker is a 68 year old male who sustained an injury on 06/25/04. The injured worker was seen on 01/22/14 for complaints of low back pain radiating to the left lower extremity. The injured worker had received prior medial branch blocks and was pending radiofrequency ablation procedures. The injured worker's physical exam findings noted limited lumbar range of motion with loss of sensation in the left upper extremity and bilateral lower extremities. The injured worker was provided both Terocin patches as well as Lidoderm patches at this visit. No updated information was provided. The requested Lidopro was denied on 03/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro 4 oz. QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Compounded.

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

Decision rationale: In regards to the use of Lidopro 4oz. quantity 1, this request is not medically necessary based on the clinical documentation provided for review and current evidence based

guideline recommendations. Guidelines consider topical analgesics largely experimental and investigational given the limited evidence regarding their efficacy in the treatment of chronic pain or neuropathic pain as compared to alternatives such as the use of anticonvulsants or antidepressants. In this case, there is no clear indication that the injured worker has reasonably exhausted all other methods of addressing neuropathic pain to include oral anti-inflammatories or anticonvulsants. Therefore, this request is not medically necessary or appropriate.