

Case Number:	CM14-0045342		
Date Assigned:	06/27/2014	Date of Injury:	08/07/1997
Decision Date:	08/29/2014	UR Denial Date:	03/20/2014
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 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 injured worker is a 66-year-old who reported an injury on 08/07/1997. The mechanism of injury was not provided for clinical review. The diagnoses included failed back syndrome, status post lumbar surgery, status post spinal cord stimulator placement, lumbar radiculopathy, cervical radiculopathy. Previous treatments included surgery and medication. Within the clinical note dated 02/18/2014 it was reported the injured worker complained of back and leg pains. She rated her pain 7/10 to 10/10 in severity. She reported bilateral lower extremity numbness, tingling and pain in the feet. On the physical examination the provider noted the injured worker's range of motion was decreased in the cervical, thoracic, and lumbar spine. The provider noted the injured worker had decreased sensation in the right L3, L4, L5 and S1 dermatomes to pinprick. She had a positive straight leg raise on the right and a negative Hoffman's bilaterally. Her medication regimen included Norco, Zofran, trazodone, Norflex, LidoPro ointment and Effexor. The request submitted is for LidoPro topical ointment. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated on 02/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lido Pro topical ointment 4oz as and outpatient, for low back pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th edition McGraw Hill, 2006.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, page(s) 111-112 Page(s): 111-112.

Decision rationale: The request for LidoPro topical ointment 4 ounces as an outpatient for low back pain is non-certified. The injured worker complained of back and right leg pain. She rated her pain 7/10 to 10/10 in severity. She reported bilateral lower extremity numbness, tingling and pain in her feet. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular that of the knee and elbow and other joints that are amenable. Topical NSAIDs are recommended for the short term use of 4 to 12 weeks. There is little evidence to utilize topical NSAIDs for the treatment of osteoarthritis of the spine, hip or shoulder. The injured worker had been utilizing the medication for an extended period of time, since at least 11/2013, which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request is non-certified.