

Case Number:	CM14-0047538		
Date Assigned:	07/02/2014	Date of Injury:	04/17/2006
Decision Date:	11/24/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/14/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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 47-year-old male with a date of injury of 04/17/2006. The listed diagnoses per [REDACTED] are: 1.Multilevel HNP of cervical spine with moderate severe stenosis. 2.Myelopathy. 3.HNP of lumbar spine with stenosis. 4.Cervical and lumbar radiculopathy. 5.Chronic pain syndrome. According to progress report 02/20/2014, the patient presents with ongoing neck, mid, and low back pain which he rates as 5-7/10 on a pain scale. He states he has an increase in pain since last visit as he fell down in the shower about 10 days ago when his legs "gave out." His current medication includes Norco up to 5 a day and Prilosec 1 to 2 a day. He states the medications help decrease his pain and allow him to function. He denies side effects to medication. Examination revealed decreased sensation to the right C5, C6 dermatomes with decreased sensation to the left L3 to S1 dermatomes. Treater is requesting Lidopro topical ointment, 4oz. Utilization review denied the request on 03/31/2014. Treatment reports from 09/19/2013 through 02/20/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment 4OZ.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics Page.

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

Decision rationale: This patient presents with ongoing neck, mid, and low back pain. The treater is requesting LidoPro topical ointment 4 ounce. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, Lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. The request is not medically necessary,