

Case Number:	CM14-0049958		
Date Assigned:	07/07/2014	Date of Injury:	09/01/2009
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot and ankle pain reportedly associated with an industrial injury of September 1, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; a TENS Unit; muscle relaxant; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated April 9, 2014, the claims administrator denied a request for topical Lidopro ointment. The applicant was incidentally described as using Norco, Flexeril, and a TENS Unit, it was incidentally noted. In a progress note dated April 10, 2014, the applicant presented with persistent complaints of mid, low back, and left foot pain. The applicant was described using Zoloft, Tylenol #3, Naprosyn, Flexeril, and Menthoderm gel despite some intermittent symptoms of heart burn associated with the same. The applicant was asked to employ omeprazole before food. It was stated that the applicant was permanent and stationary. It does not appear that the applicant was working. Topical Lidopro was apparently endorsed on a handwritten prescription dated March 20, 2014. Naprosyn, cyclobenzaprine, and Flexeril were also concurrently issued at that point. The applicant was placed off of work, on total temporary disability, through May 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidocain/LidoPro cream 121gm, lower extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS ACOEM Practice Guidelines, Chapter 3 Initial Approaches to Treatment, page 47 and on the MTUS Chronic Pain Medical Treatment Guidelines.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are first-line palliative method. In this case, the applicant's ongoing usage of numerous first-line oral pharmaceuticals, including Flexeril, Naprosyn, Tylenol with Codeine, etc., effectively obviates the need for page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems "largely experimental" topical agents such as the Lidopro cream in question. Therefore, the Lidocaine/LidoPro cream 121gm, lower extremities is not medically necessary.