

Case Number:	CM14-0050555		
Date Assigned:	06/20/2014	Date of Injury:	09/30/2012
Decision Date:	07/22/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/19/2014

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 represented [REDACTED] employee, who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 6, 2012. Thus far, the applicant has been treated with analgesic medications, attorney representation, topical compound and lumbar support. In a Utilization Review Report dated March 17, 2014, the claims administrator denied a request for Lidopro topical ointment while approving a request for omeprazole. Non-MTUS ODG guidelines were cited in decision making. The applicant's attorney subsequently appealed. In a progress note dated January 22, 2014, the applicant was given prescriptions for lumbar support, topical Lidopro ointment and oral Prilosec. It was stated in another section of the report, somewhat incongruously, that the applicant was using Norco, Ketoprofen, Prilosec, Terocin patches and Lidopro ointment. The applicant reported ongoing 8/10 low back pain radiating to the legs. In a questionnaire dated January 22, 2014, the applicant acknowledged that he was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 LidoPro Topical Ointment 4oz.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm Page(s): 56-57, 68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines page 111, Topical Analgesics topic. Page(s): 111.

Decision rationale: As noted in the California MTUS-Adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first line palliative method. The applicant's ongoing usage of variety of first line oral pharmaceuticals, including Norco and Ketoprofen, effectively obviate the need for topical Lidopro. Page 111 of the California MTUS Chronic Pain Medical Treatment Guidelines deems topical medications largely experimental such as Lidopro. In this case, the attending provider did not, moreover, furnish any compelling applicant-specific rationale, narrative or commentary which would offset the unfavorable California MTUS recommendations. Therefore, the request is not medically necessary.