

<b>Case Number:</b>	CM14-0066574		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/02/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 Nevada. 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 records presented for review indicate that this 32-year-old individual was reportedly injured on March 2, 2013. The mechanism of injury was noted as a fall approximately 10 feet. The most recent progress note, dated April 11, 2014, indicated that there were ongoing complaints of low back and bilateral lower extremity pains. The pain level was described as 9/10 on the visual analog scale. A decrease in lumbar spine range of motion was reported. Motor function was noted to be 5/5 and sensation was slightly reduced. Diagnostic imaging studies were not reported. Previous treatment included conservative care, physical therapy, chiropractic intervention, acupuncture, multiple medications, psychiatric intervention and pain management techniques. A request had been made for a topical preparation and was not certified in the pre-authorization process on April 30, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro cream 121 gm. one container:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation

<http://dailymed.nlm.nih.gov/dailymed/lookup.cfm?setid=ef3f3597-94b9-4865-b805-a84b224a207eLIDOPRO>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS. (Effective July 18, 2009) Page(s): 56.

**Decision rationale:** When noting the date of injury, the mechanism of injury reported, the findings on physical examination, and the notation that the pain level continues to be 9/10 on the visual analog scale in the face of utilizing a topical compounded preparation, there is no clinical indication presented that demonstrate the efficacy of these devices. Furthermore, as outlined in the progress notes, the exact diagnosis has not been made and the use of lidocaine is indicated for a neuropathic lesion. It is not clear from these records of such a lesion exists. As such, the request is not medically necessary and appropriate.