

Case Number:	CM14-0076996		
Date Assigned:	07/18/2014	Date of Injury:	09/25/2006
Decision Date:	09/25/2014	UR Denial Date:	05/12/2014
Priority:	Standard	Application Received:	05/28/2014

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 53 year-old individual was reportedly injured on 9/25/2006. The mechanism of injury was not listed. The most recent progress note, dated 5/7/2014, indicated that there were ongoing complaints of chronic low back pain that radiated in the bilateral lower extremities. The physical examination demonstrated lumbar spine with an antalgic gait. There was also positive tenderness to palpation of the cervical and lumbar paraspinals and on the midline. Range of motion of the cervical lumbar spine was decreased in all planes. Upper extremity sensation was intact. Muscle strength 5/5 bilateral upper and lower extremities. Positive straight leg raise test bilaterally. Decreased sensation in L4-L5 dermatomes bilaterally. No recent diagnostic studies are available for review. Previous treatment included previous epidural steroid injections, medications, and conservative treatment. A request had been made for Lidopro topical ointment, transforaminal epidural steroid injection bilateral L4-L5 and was not certified in the pre-authorization process on 5/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4 oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56 of 127.

Decision rationale: Lidopro is a topical compounded preparation containing capsaicin, lidocaine, menthol and methyl salicylate. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class), that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of topical lidocaine or menthol for treatment of chronic neck or back. As such, this request is not considered medically necessary.

Bilateral L4-L5 Transforaminal Epidural Injection: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46 of 127.

Decision rationale: MTUS guidelines support epidural steroid injections when radiculopathy is documented on physical examination and corroborated by imaging and electrodiagnostic studies in individuals who have not improved with conservative care. Based on the clinical documentation provided, and considering the criteria for the use of epidural steroid injections as outlined in the MTUS, there is insufficient clinical evidence presented that the proposed procedure meets the MTUS guidelines. Specifically, there is no documentation of corroboration of radiculopathy in a diagnostic study. As such, the requested procedure is deemed not medically necessary.