

Case Number:	CM14-0084198		
Date Assigned:	07/21/2014	Date of Injury:	05/19/1997
Decision Date:	09/22/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/05/2014

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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 69 year old male who reported injury on 09/05/1957. The mechanism of injury was not provided. Diagnoses included major depression. The past treatments were not documented. The clinical note dated 04/18/2014, noted the injured worker complained of low back pain. The physical exam noted lumbar range of motion without notation of limitation, if any. The medications included Tramadol/APAP 37.5/325mg, Cyclobenzaprine 7.5mg, and Naproxen 550mg. The treatment plan noted the medications were helpful, and stated no side effects of medications. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for medication Lidopro dispensed on 04/18/2014 for treatment of back, neurogenic bladder and psych.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Topical analgesics; Lidocaine.

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

Decision rationale: The retrospective request for medication Lidopro, dispensed on 04/18/2014 for treatment of back, neurogenic bladder and psych is not medically necessary. Lidopro cream contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10% and Methlysallylate 27.5%. The California MTUS guidelines recommend Capsaicin in a 0.025% or 0.075% formulation as an option for patients who have not responded to other treatments or are intolerant of other treatments. Topical lidocaine in patch form (Lidoderm) is recommended for the treatment of Neuropathic pain; however, Lidocaine in the form of creams, lotions, or gels is not recommended. Furthermore, the guidelines state that any compound with one or more ingredients that are not recommended is not recommended for use. There is no evidence in the clinical notes provided, of first-line treatments having been provided. There is no evidence that the injured worker was intolerant of or did not respond to other treatments. The guidelines do not recommend the use of Lidocaine in cream form for topical application; therefore, the medication would not be indicated. There is a lack of evidence to support the quality or severity of pain the injured worker had, there was no documentation provided regarding neurogenic bladder or psych concerns. The use of Lidopro for treatment of back pain, neurogenic bladder, or psych is not supported, therefore, the request is not medically necessary.