

Case Number:	CM14-0087565		
Date Assigned:	07/23/2014	Date of Injury:	04/09/2002
Decision Date:	09/03/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain 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 injured worker is a 52 year old male who had a work related injury on 04/09/12. Mechanism of injury was not documented. The most recent clinical documentation submitted for review was dated 05/09/14. He complained of neck pain and low back pain and bilateral upper extremities pain. As well, as bilateral lower extremities pain. Pain was rated 9/10 in intensity with medications and 10/10 on the visual analog scale without medication. Pain was reported as unchanged since his last visit. The patient reported activities of daily living limitations in the following areas, self-care and hygiene, activity, hand function, sleep, and sex. On physical examination he was alert, oriented, and cooperative. He was observed to be in moderate distress. Tenderness to palpation was noted in the spinal vertebral area L4 through S1. Range of motion of lumbar spine was moderately limited secondary to pain. A MRI of thoracic spine dated 01/10 1.5cm central disc protrusion at T2-T3 indenting the anterior aspect of thecal sac. Broad based posterior disc protrusion at T6-T7 broad based symmetric posterior disc protrusion at T7-T8 and T9-T10. The MRI of cervical spine dated 10/13/09 status post anterior fusion with body C6-C7. Mild left neural foraminal narrowing at C2-C3. Mild bilateral neural foraminal narrowing at C3-C4. 2mm broad based posterior disc protrusion L4-L5 causing pressure over anterior aspect of thecal sac. Mild to moderate degree of central stenosis at C5-C6 secondary to 3mm broad based disc protrusion/disc extrusion. A 2mm right posterolateral posterior disc protrusion at T2-3 encroaching into the right neural foramen. Diagnosis cervical radiculopathy and spinal stenosis, lumbar radiculopathy, left shoulder pain, diabetes mellitus, hypertension, insomnia, chronic pain. Prior utilization review on 05/16/14 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4oz. for use QID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Compounds/Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation lidopro.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111. Decision based on Non-MTUS Citation ODG Pain chapter, topical analgesics.

Decision rationale: The request for Lidopro Topical Ointment 4oz. for use four times daily (QID) is not medically necessary. The current evidence based guidelines do not support the request. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little research available in terms of bioavailability and objective clinical endpoints for these agents. As such, medical necessity has not been established.