

Case Number:	CM14-0088214		
Date Assigned:	07/23/2014	Date of Injury:	12/16/2010
Decision Date:	09/15/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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:

This patient is a 44 y/o male who has developed persistent cervical and lumbar pain subsequent to an injury dated 12/16/2010. The lumbar pain is causing the most discomfort and is described as burning with lower extremity radiation. The pain increases with activities and was worse during a trial of a back brace. He is currently treated with oral analgesics consisting of Tramadol 37.5mg. BID, Omeprazole, Topramide 50mg qd and Cyclobenzaprine. A compounded topical is also dispensed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro/Lidoderm/Lenza Patch 121 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112. Decision based on Non-MTUS Citation www.drugs.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111,112.

Decision rationale: There are several terms that appear to be utilized for review of the same topical agent. The narratives are clear that what is being requested is LidoPro ointment 121gms. LidoPro ointment is a compounded blend of various over the counter products plus Lidocaine .45%. MTUS Chronic pain Guidelines are very specific that only Food & Drug (FDA) approved

trade named Lidoderm is recommended. All other formulations and blends containing topical Lidocaine for chronic pain are not advised. There are no unique circumstances that justify an exception to Guideline recommendations. Therefore, LidoPro is not medically necessary.