

Case Number:	CM14-0093615		
Date Assigned:	08/06/2014	Date of Injury:	02/25/2013
Decision Date:	10/30/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/20/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and neck pain reportedly associated with an industrial injury of February 25, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and topical agents. In a Utilization Review Report dated May 20, 2014, the claims administrator retrospectively approved request for Norflex and Norco while retrospectively denying a request for LidoPro ointment. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated January 28, 2014, it was acknowledged that the applicant had remained off of work and was receiving indemnity benefits from the claims administrator. In an applicant questionnaire dated January 17, 2014, the applicant reported 8/10 pain. The applicant acknowledged that he was not working and last worked in February 2013. The applicant was using Norco, Flexeril, and Celebrex, it was acknowledged. In a progress note dated May 8, 2014, the applicant was described as having received 20 sessions of acupuncture and 6 sessions of manipulative therapy. Authorization was sought for artificial disk replacement procedure. Norco, Desyrel, and LidoPro were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidopro Topical Ointment 4 Oz #1 DOS 4/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111-113.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Treatment Guidelines, topical analgesics such as LidoPro are deemed "largely experimental." In this case, the applicant has already received LidoPro, despite the unfavorable MTUS position on the same. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through ongoing use of the LidoPro. The applicant has failed to return to work. The applicant remains off of work, on total temporary disability. The applicant remains highly dependent on opioid agents such as Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of LidoPro. Therefore, the request is not medically necessary.