

Case Number:	CM14-0096104		
Date Assigned:	09/10/2014	Date of Injury:	11/13/2010
Decision Date:	10/06/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 59 year-old male. The patient's date of injury is 11/13/2010. The mechanism of injury is not described in the clinical documents. The patient has been diagnosed with low back pain, spondylolisthesis, lumbar radiculopathy, status post MLD, and neck pain. The patient's treatments have included acupuncture, imaging studies, Infrared and Asian massage, and medications. The physical exam findings, dated 12/11/2013, state the lumbar back is with decreased range of motion in all planes. There is also a palpable tenderness over the lumbar paraspinal and bilateral sciatic notches. The patient's medications have included, but are not limited to, Norco, and Prilosec. The request is for Lidopro topical ointment. It is unclear if this medication was used previously or what the outcomes included.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment 4oz. #1: Upheld

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

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

Decision rationale: MTUS guidelines were reviewed in regards to this specific case. The clinical documents were reviewed. The request is for Lidopro Ointment. The MTUS guidelines discuss compounding medications. The guidelines state that a compounded medicine, that contains at least one drug (or class of medications) that is not recommended, is not recommended for use. The guidelines also state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. This medication is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The MTUS does not specifically address Lidopro as a topical analgesic. Therefore, according to the guidelines cited, it can not be recommended at this time. The request for Lidopro is not medically necessary.