

<b>Case Number:</b>	CM14-0189721		
<b>Date Assigned:</b>	11/21/2014	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	01/08/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/13/2014

### 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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 55 year old patient with date of injury of 09/10/2014. Medical records indicate the patient is undergoing treatment for low back pain with right lower extremity sciatica in the setting of L4-5 degenerative spondylolisthesis with disc herniation and spinal stenosis. Subjective complaints include low back pain, right lower extremity pain, sciatica pain, pain rated 10/10. Objective findings include antalgic gait, unable to heel and toe stand due to pain, tenderness in the lumbar spine, limited flexibility at the waist, extends 10 degrees past neutral with discomfort, decreased strength in the right hip flexor and right quadriceps, decreased strength in the right EHL, sensation is intact. X-rays of lumbar spine on 10/27/2014 show spondylolisthesis at L4-5 with severe facet arthropathy and mild spinal asymmetry. MRI of lumbar spine dated 06/06/2014 shows spondylolisthesis at L4-5, disc protrusion at L3-4 and L4-5 with moderately severe central stenosis at L4-5, moderate foraminal narrowing, L3-4 and L5-S1 right foraminal disc protrusion with compression of the right L5 nerve root. Treatment has consisted of Norco, Flexeril, Lidopro ointment, physical therapy and steroid injection. The utilization review determination was rendered on 11/06/2014 recommending non-certification of Retrospective request for Lidopro Ointment, anti-inflammatory, prescribed on 10/27/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Lipoderm Ointment, anti-inflammatory, prescribed on 10/27/14:**  
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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams

**Decision rationale:** Guidelines recommend against the use of topical analgesics. In this case, Lidocaine is not supported for topical use per guidelines. As such, the request for Retrospective request for Lidopro Ointment, anti-inflammatory, prescribed on 10/27/14 is not medically necessary.