

Case Number:	CM14-0197280		
Date Assigned:	12/05/2014	Date of Injury:	01/12/2013
Decision Date:	02/25/2015	UR Denial Date:	10/22/2014
Priority:	Standard	Application Received:	11/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 32 year old male with an injury date on 01/12/2013. Based on the 09/22/2014 progress report provided by the treating physician, the diagnoses are: 1. Lumbar disc protrusion at L5-S12. Status post lumbar epidural steroid injection #1 on September 11, 2014. According to this report, the patient complains of “headaches and neck pain rated as 4/10; upper back rated as 6/10 and low back pain rated as 3/10.” The pain is associated with weakness and locking in right knee; numbness in left leg and grinding in upper back and radiates to hips, left leg and right knee. Physical exam reveals tenderness to palpation over the paraspinal muscle and spinous process bilaterally. Manual muscle testing of the lower extremity reveals a 4/5 strength. Range of motion was restricted due to pain. Per treating physician, an MRI of the lumbar spine without contrast on 02/20/2013 demonstrated mild 2 mm disc bulge at L5-S1. Treatment to date includes lumbar epidural steroid injection. The treatment plan is to request “second lumbar epidural steroid injection” and follow up on 10/20/20-14 for re-evaluation. The patient’s work status is “temporarily totally disabled.” There were no other significant findings noted on this report. The utilization review denied the request for Xolido cream on 10/22/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/07/2014 to 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Xolido Cream 118ml: 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: According to the 09/22/2014 report, this patient presents with headaches and neck pain rated as 4/10; upper back rated as 6/10 and low back pain rated as 3/10. The current request is for Xolido cream 118ml. Xolido is a topical lidocaine cream. Lidocaine is only allowed in a patch form and not allowed in cream, lotion or gel forms. The MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." The request is not medically necessary.