

Case Number:	CM14-0203114		
Date Assigned:	12/15/2014	Date of Injury:	03/25/2014
Decision Date:	02/03/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/04/2014

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 Physical Medicine Rehabilitation 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 injured worker is a 59 year old female with a date of injury as 03/25/2014. The cause of the injury was related to repetitive lifting and twisting and on the date of injury she felt a sudden onset of pain in her back. The current diagnoses include low back pain, low back strain, and T12 fracture. Previous treatments include pain injection, oral medications, hot packs, and physical therapy. Radiographic imaging revealed an acute compression fracture at T12, and an MRI of the lumbar spine on 06/24/2014 confirmed the T12 compression fracture. Primary treating physician's reports dated 05/08/2014 through 10/23/2014 and MRI reports from 06/24/2014 and 10/06/2014 were included in the documentation submitted for review. Report dated 10/23/2014 noted that the injured worker presented with complaints that included persistent severe back pain, pain is described as throbbing and unrelenting, difficulty sleeping at night due to pain. Physical examination revealed tenderness in the upper part of her lumbar spine and lower thoracic spine, and limited range of motion. Physician impression was persistent back pain in the setting of a healed T12 compression fracture. The topical ointment was prescribed to try to minimize her discomfort. According to the documentation submitted the Lidopro was first prescribed on 10/23/2014, none of the documentation submitted supports that other trials of medication have been tried prior to prescribing Lidopro ointment. The injured worker is currently not working. The utilization review performed on 11/26/2014 non-certified a prescription for Lidopro ointment based on the medical records do not establish that the injured worker has an intolerance to oral medications or that the injured worker has failed trials of antidepressants and anticonvulsants. The reviewer referenced the California MTUS in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121 grams: 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: Per California MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal pain without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this injury of March 2014 without documented functional improvement from treatment already rendered. The Lidopro ointment 121 grams is not medically necessary and appropriate.