

Case Number:	CM14-0022016		
Date Assigned:	05/09/2014	Date of Injury:	07/28/2012
Decision Date:	01/16/2015	UR Denial Date:	02/09/2014
Priority:	Standard	Application Received:	02/21/2014

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 New Jersey. 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 worker is a 32 year old male who was injured on 7/28/2012. He was diagnosed with lumbar radiculopathy, lumbar degenerative disc disease, lumbar facet arthropathy with canal stenosis, and lumbar foraminal narrowing. He was treated with various oral and topical medications including at least two different preparations of topical Lidocaine. He was also treated with acupuncture, chiropractor treatments, home exercises, and epidural injection which had provided the most reduction in pain, reportedly. EMG/NCV testing of the lower extremities from 1/3/2012 was normal. The worker was seen on 11/5/2013 by his primary treating physician reporting ongoing low back pain rated 2/10 on the pain scale with radiation to left leg. He reported taking Lidopro as well as Norco, Pamelor, and Docusate. The Lidopro and Pamelor were reportedly taken at night to help him sleep. Later, on 12/27/13, he was seen again by his primary treating physician reporting continual low back pain but still reduced since his last epidural injection (rated 2/10 on pain scale). He reported doing home exercises and was working again. He reported using Norco and Lidopro. Physical findings included normal gait, tenderness of right lumbar paraspinals, normal sensation of bilateral lower extremities, and normal strength of bilateral lower extremities. He was then recommended to continue his Norco and Lidopro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4 Oz #1: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or anti-epilepsy drugs such as Gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. In the case of this worker, there was no evidence found in the documents provided for review showing a trial and failure of first-line medications for neuropathic pain, which would be required before considering topical Lidocaine. Topical Lidocaine, including Lidopro specifically had been used chronically for many months leading up to this request, but with insufficient reports of functional benefit with its use besides using it at night to help with sleep (no quantification of sleep quality, duration, activity, etc.). Also, there was lack of objective evidence to confirm his subjective complaints of radiation of pain (normal EMG/NCV testing, normal neurological examination findings). Therefore, the request for Lidopro is not medically necessary.