

Case Number:	CM15-0002337		
Date Assigned:	01/26/2015	Date of Injury:	03/16/2005
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/06/2015

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: Emergency Medicine

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 65 year old female sustained a work related injury on 03/16/2005. One report dated 06/20/2012 was submitted for review. The injured worker complained of constant lumbar spine pain radiating down the back of both legs to the back of her knee, primarily on the left. There was numbness and weakness of the bilateral calves primarily on the left. Medication regimen included Cozaar, Metformin, Omeprazole, Q-Var, Claritin, Lipitor, Tramadol, Pro-Air HFA, nasal spray, Diovan, baby aspirin and over the counter pain relievers. Diagnoses included degenerative disc disease C4-5, C6-5 and C6-7, moderate to severe spinal stenosis C4-5 and C6-7, mild to moderate spinal stenosis C5-6, bilateral shoulders impingement syndrome, right and left elbow lateral epicondylitis by history, right wrist status post carpal tunnel release and De Quervain's release, left wrist carpal tunnel release 10/11/2007, right hand status post thumb, index, middle and ring finger trigger releases, possible symptomatic right first carpometacarpal joint versus residual De Quervain's Syndrome, left hand status post trigger thumb release, chronic lumbar strain, mild spinal stenosis L3-4, left hip greater trochanteric bursitis, left knee chondromalacia patella and status post bilateral bunionectomies. On 12/29/2014, Utilization Review non-certified Retro Lipoderm Base 90 grams, Retro Lidocaine 5% 6 grams and Retro Ketoprofen Powder 20% 24 grams. According to the Utilization Review physician, the lipoderm base by itself does not have the potential to be therapeutic, citing CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lipoderm Base 90GM: Upheld

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

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

Decision rationale: The requested Retro Lipoderm Base 90GM, is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has lumbar spine pain radiating down the back of both legs to the back of her knee, primarily on the left. There was numbness and weakness of the bilateral calves primarily on the left. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis. The criteria noted above not having been met, Retro Lipoderm Base 90GM is not medically necessary.

Retro Lidocaine 5% 6 GM: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm, Pages 56-57 Page(s): Pages 56-57.

Decision rationale: The requested Retro Lidoderm, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Lidoderm, Pages 56-57, note that "Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)". It is not considered first-line therapy and only FDA approved for post-herpetic neuralgia. The injured worker has lumbar spine pain radiating down the back of both legs to the back of her knee, primarily on the left. There was numbness and weakness of the bilateral calves primarily on the left. The treating physician has not documented neuropathic pain symptoms, physical exam findings indicative of radiculopathy, failed first-line therapy or documented functional improvement from the previous use of this topical agent. The criteria noted above not having been met, Retro Lidoderm is not medically necessary.

Retro Ketoprofen Powder 20% 24GM: 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, Non-steroidal anti-inflammatory agents, Page 111-112; Non-steroidal anti-

Decision rationale: The requested Retro Ketoprofen Powder 20% 24GM, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Topical Analgesics, Non-steroidal anti-inflammatory agents, Page 111-112, recommend topical analgesics with documented osteoarthritis with intolerance to oral anti-inflammatory agents; Non-steroidal anti-inflammatory medications, GI symptoms and cardiovascular risk, Page 68-69, note that all NSAIDs have the potential to raise blood pressure in susceptible patients. The injured worker has lumbar spine pain radiating down the back of both legs to the back of her knee, primarily on the left. There was numbness and weakness of the bilateral calves primarily on the left. The treating physician has not documented the patient's intolerance of these or similar medications to be taken on an oral basis. The criteria noted above not having been met, Retro Ketoprofen Powder 20% 24GM is not medically necessary.