

<b>Case Number:</b>	CM15-0003803		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	07/18/2013
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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, Arizona  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 51-year-old female who reported an injury on 07/18/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbosacral segment dysfunction, lumbar sprain/strain, lumbalgia, and spasm of muscle. Past medical treatment consists of chiropractic therapy, physical therapy, physiotherapy, the use of a TENS unit, and medication therapy. Medications consist of Lidoflex patches. No pertinent diagnostics were submitted for review. On 01/15/2015, the injured worker complained of mid to low back pain. The injured worker rated the pain at a 3/10, with 10% to 20% improvement since the last examination. The physical examination noted that mood/affect/gait and station were within normal limits. The physical examination of the lumbar spine revealed that there was tenderness to palpation at the thoracolumbar and lumbosacral musculature. There was muscle guarding and/or latent trigger points 1+ to 2+ in nature surrounding the thoracolumbar musculature. Gaenslen's test was negative and Patrick Faber's test was negative as well. Medical treatment plan was for the injured worker to continue with medication therapy and see appropriate specialist for second opinion on lumbar epidural steroid injections. A rationale was not submitted for review. A Request for Authorization form was submitted on 12/05/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Lido-flex, 30 day supply:** 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 analgesia Page(s): 111.

**Decision rationale:** The request for Lido-flex, 30 day supply is not medically necessary. The California MTUS Guidelines state that topical analgesia compounds are largely experimental in use with few randomized controlled trials to determine efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Additionally, any compounded product that contains at least 1 drug that is not recommended is not recommended. The guidelines further state that Lidoderm patch is the only topical form of lidocaine approved. The submitted documentation did not indicate that the injured worker was non responsive to, or intolerant to, other types of medications. The submitted documentation also did not indicate the efficacy of the medication, nor did it indicate that the patches were helping with any functional deficits the injured worker had. No other significant factors were provided to justify the use outside of current guidelines. Furthermore, the request as submitted did not specify a frequency or duration of the medication. Given the above, the request would not be indicated. As such, the request is not medically necessary.