

Case Number:	CM15-0100533		
Date Assigned:	07/21/2015	Date of Injury:	03/29/2012
Decision Date:	08/21/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/26/2015

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: New York
 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:

The injured worker is a 65-year-old female who sustained a work related injury on 3/29/12. The diagnoses have included myofascial pain syndrome, lumbar spine strain, chronic left knee pain, and right lumbosacral radiculopathy. Treatments have included physical therapy, acupuncture, chiropractor, oral medications, pain patches, topical cream/gel and lumbar epidural steroid injections. In the PR-2 dated 4/14/15, the injured worker complains of continued back pain with some numbness of her right leg. She also complains of left knee pain. She has a positive right straight leg raise. She has decreased sensation in right foot. She has decreased range of motion in low back. She has spasms right side of lumbar paraspinal muscles. Documentation reports the injured worker is not working. The treatment plan includes a request for LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream, #2: 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 CA MTUS chronic pain guidelines, although recommended as an option, topical analgesics are used primarily for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Furthermore, they are largely experimental. "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended" state that lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy. "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) is used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Non-dermal patch formulations are generally indicated as local anesthetics and anti-pruritics." This is an initial request for LidoPro cream. The documentation does not support that other topical analgesic creams/gels have improved pain levels or increased her functional capabilities or that she had failed a first line therapy for her pain. There is insufficient documentation of what body part she is applying topical creams/gels to for pain relief. This requested treatment of LidoPro cream is supported by the guidelines and is not medically necessary.