

Case Number:	CM15-0102231		
Date Assigned:	06/04/2015	Date of Injury:	10/26/2010
Decision Date:	07/10/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/27/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 54 year old male, who sustained an industrial injury on October 26, 2010. Treatment to date has included work restrictions, MRI of the lumbar spine, physical therapy and medications. Currently, the injured worker reports that he is taking his medications and getting benefit from them. The injured worker reports pain in the back which radiates into the right buttock especially when bending and twisting to the right side. On physical examination the injured worker has positive bilateral lumbar facet maneuver and a negative straight leg raise. There is a decreased range of motion of the back by 10% in all planes and a decreased sensation in the buttocks. The diagnoses associated with the request include myofascial pain syndrome, lumbar spine strain and lumbosacral facet syndrome. The treatment plan includes Lidopro ointment, Naprosyn, Omeprazole, Flexeril, Neurontin, and medial branch block of the bilateral L3-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Ointment 4 Percent 121 Gram Qty 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: Ca MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. There is little to no research to support the use of many of these agents. Further, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This product contains lidocaine, capsaicin, methyl salicylate and menthol. Lidocaine is only approved in the formulation of a Lidoderm patch. Methyl salicylate and menthol are not recommended. Thus this request is deemed not medically necessary or appropriate.