

Case Number:	CM15-0108872		
Date Assigned:	06/15/2015	Date of Injury:	03/26/2009
Decision Date:	07/15/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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: 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 (n) 37 year old male, who sustained an industrial injury on 3/26/09. He reported pain in his back, knees, elbows and hands after falling eighteen feet. The injured worker was diagnosed as having lumbar sprain, thoracic sprain, right medial epicondylitis, bilateral knee pain and contusion of the chest. Treatment to date has included a TENs unit, several MRIs, an EMG/NCV of the lower extremities, physical therapy and chiropractic treatments. Current medications include Norco, Tramadol, Dexilant and LidoPro cream (since at least 3/5/15). As of the PR2 dated 5/8/15, the injured worker reports 9/10 pain in his lower back, 6/10 pain in his mid-back, 5/10 pain in his left knee, 2/10 pain in his right knee and 6/10 pain in his right elbow. The treating physician noted that the TENs unit and medications are helpful for pain control and decreases pain from a 9/10 to a 6/10. The treating physician requested LidoPro ointment 121g.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Lidopro ointment 121g is not medically necessary and appropriate.