MAXIMUS Federal Services

Case Number:	CM15-0109064		
Date Assigned:	06/15/2015	Date of Injury:	04/01/2011
Decision Date:	07/14/2015	UR Denial Date:	05/07/2015
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: Arizona, California
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 51 year old female, who sustained an industrial injury on April 1, 2011. Treatment to date has included medications, TENS unit, home exercise program, lumbar interlaminar decompression and microdiscectomy, and orthotics. Currently, the injured worker complains of low back pain and left knee pain. She reports bilateral radiculitis and rates her pain a 7-8 on a 10-point scale. Her pain increases with range of motion and she reports spasms. The injured worker reports radicular pain to her left lower extremity and has associated numbness. She rates her left knee pain as a 5-6 on a 10-point scale and notes that the pain increases with range of motion. She ambulates with a cane. The injured worker reports that her TENS unit relieves her pain and she has been performing a home exercise program. The diagnoses associated with the request include lumbalgia, lumbar intervertebral disc disease, lumbar radiculitis, hip or thigh strain, and knee sprain/strain. The treatment plan includes continuation of home exercise and TENS unit, continued use of back support, Cyclobenzaprine, Omeprazole, Tramadol, Topiramate and Lidopro topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidopro contains topical Lidocaine and NSAID. Lidocaine is 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). Lidoderm has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period.In this case, the claimant did not have the above diagnoses. The claimant was previously on Menthoderm which also contains a topical NSAID. In addition, the claimant still remained on oral analgesics. Long-term use of topical analgesics such as Lidopro is not recommended. The request for Lidopro topical 4oz is not medically necessary.