MAXIMUS Federal Services

Case Number:	CM15-0010118		
Date Assigned:	01/27/2015	Date of Injury:	09/07/1998
Decision Date:	04/13/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/16/2015

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: Internal Medicine, Pulmonary Disease

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 69-year-old male, who sustained an industrial injury on 9/7/1998. The diagnoses have included discogenic lumbar condition with radicular component down the left lower extremity and chronic pain syndrome. Treatment to date has included a back brace, hot and cold wraps, Transcutaneous Electrical Nerve Stimulation (TENS) unit and medication. According to the progress report dated 12/17/2014, the injured worker complained of low back pain radiating down the bilateral lower extremities. He used a cane. Shooting pain down to the left leg was persistent with numbness. Objective findings revealed weakness to quadriceps and sensory deficits along the left lower extremity. He had a slightly antalgic gait. Authorization was requested for Norco, Flexeril, Nalfon, Neurontin, Protonix and LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro lotion: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Anagesics Page(s): 111 - 113.

Decision rationale: The patient is a 69-year-old male with an injury on 09/07/1998. He has chronic low back pain that radiates to both lower extremities. MTUS guidelines note that if an active ingredient of a topical compound analgesic is not recommended then the entire compound is not recommended. The requested topical lotion contains menthol and lidocaine. Lidocaine as a topical cream or lotion is not recommended. Menthol is not recommended. Thus the requested compound lotion that contains Lidocaine, Menthol, Capsaicin and Salicylate is not medically necessary.