

Case Number:	CM15-0130329		
Date Assigned:	07/16/2015	Date of Injury:	02/03/2015
Decision Date:	08/13/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/06/2015

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 34 year old male, who sustained an industrial injury on 2/3/15. Initial complaint was of a back injury. The injured worker was diagnosed as having shoulder/upper arm injury NOS; trunk injury-sites NEC; elbow/forearm/wrist injury NOS; lumbago. Treatment to date has included physical therapy; TENS unit; medications. Diagnostics studies included EMG/NCV study lower extremities (5/11/15); MRI lumbar spine (4/2015). Currently, the PR-2 notes dated 6/12/15 indicated the injured worker complains of continued left shoulder, left elbow and low back pain with numbness in the lower extremity left greater than the right. Medications are reported as helping the pain about 20-30% with no side effects. He takes Naproxen 550mg twice a day, Omeprazole and Cyclobenzaprine as needed for pain and finds the TENS unit very helpful in reducing pain with adjunct use. He has been doing stretching/strengthening exercise as tolerated at home. A MRI lumbar spine showed minimal L4-5 desiccation and 3mm posterior and lateral annulus bulging and arthropathy with mild caudal foraminal narrowing. An EMG/NCV study bilateral lower extremities dated 5/11/15 impression is an abnormal study consistent with bilateral lumbar radiculopathy. A physical examination is noted with decreased range of motion in the lumbar area and tender to palpation of the paraspinal muscles. He notes diffuse tenderness to palpation in the left shoulder with a positive O'Brien's testing. The provider is requesting authorization of pharmacy purchase of Lidopro cream 121 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Lidopro cream 121 grams: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 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). 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 medication was combined with oral analgesics without indication of reduction of use. LidoPro as above is not medically necessary.