MAXIMUS Federal Services

Case Number:	CM15-0140126		
Date Assigned:	07/24/2015	Date of Injury:	04/10/2006
Decision Date:	08/21/2015	UR Denial Date:	07/03/2015
Priority:	Standard	Application Received:	07/20/2015

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 48 year old male, who sustained an industrial injury on 4/10/2006. The medical records submitted for this review did not include documentation regarding the initial injury. Diagnoses include right leg and ankle edema, post tibial tendinitis, right ankle, complex regional pain syndrome (CRPS), entrapment neuropathy of the right foot and plantar fasciitis, status post tarsal tunnel release and plantar fasciotomy. Treatments to date include medication therapy, acupuncture therapy, and orthotics. Currently, he complained of pain in the right lower extremity, right ankle and right foot. On 6/24/15, the physical examination documented loss of sensation to the right heel with positive Tinel's sign and plantar fascia. The plan of care included Lidopro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 1 prescription of Lidopro ointment: 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): 111-112.

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 anti-convulsants 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 claimant had been on oral analgesics along with other topical analgesics as well including Terocin for several months. Long-term use of topical analgesics such as Lidopro is not recommended. LidoPro as above is not medically necessary.