

Case Number:	CM15-0140330		
Date Assigned:	07/30/2015	Date of Injury:	08/04/2014
Decision Date:	08/27/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	07/21/2015

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 61 year old male, who sustained an industrial injury on August 4, 2014. Treatment to date has included TENS unit, home exercise program, topical patches, and chiropractic therapy. Currently, the injured worker complains of low back pain. He describes his pain as constant, sharp, and worse with cold weather. He reports that his pain radiates to the bilateral lower extremities with associated numbness and cramping from behind the knees to the level of his ankles. The injured worker rates his pain a 7 on a 10-point scale. An MRI of the lumbar spine on March 19, 2015 reveals the injured worker has no disc herniation or spondylolisthesis that would cause cauda equine syndrome. The diagnoses associated with the request include lumbosacral or thoracic neuritis or radiculitis, lumbar degenerative disc disease and lumbar facet arthropathy. The treatment plan includes continuation of Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: 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 analgesic 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 claimant had also been on topical Voltaren in the past (another topical NSAID). Long-term use of topical analgesics such as Lidopro and topical NSAIDs is not recommended. LidoPro as above is not medically necessary.