

<b>Case Number:</b>	CM15-0143102		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	11/13/1991
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 11-13-91. The injured worker was diagnosed as having lumbar radiculopathy, lumbar herniated disc and post-laminectomy syndrome lumbar region. Currently, the injured worker reported back pain with radiation to the sacral region. Previous treatments included status post laminectomy, medication management, physical therapy, epidural steroid injection, muscle relaxants, non-steroidal anti-inflammatory drugs, nerve stimulation therapy, acupuncture treatment, home exercise program, heat and ice application and the use of a cane. Previous diagnostic studies included a magnetic resonance imaging and radiographic studies. The injured workers usual pain level was noted as 9 out of 10. Physical examination was notable for midline low back pain moderate bilaterally, straight leg raising positive on the left. The plan of care was for retrospective Lidopro ointment (date of service 6-11-15).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Lidopro ointment , DOS 6-11-15:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topicals  
Page(s): 111.

**Decision rationale:** According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and the request is not medically necessary.