MAXIMUS Federal Services

Case Number:	CM15-0164180		
Date Assigned:	09/01/2015	Date of Injury:	07/07/2011
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, West Virginia, Pennsylvania
Certification(s)/Specialty: Emergency Medicine

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 53 year old female, who sustained an industrial injury on July 07, 2011. The injured worker reported stepping down off of a two foot platform onto an uneven surface causing her left ankle to be twisted, her leg giving out, leading the injured worker to fall backwards. The injured worker was diagnosed as having lumbar facet arthropathy, lumbar radiculitis, lumbar myofascial strain, and lumbago. Treatment and diagnostic studies to date has included laboratory studies, x-rays of the ankle, medication regimen, use of hot towels, and electromyogram magnetic resonance imaging the lumbar spine. In a progress note dated July 14, 2015 the treating physician reports complaints of headaches that are less frequent than previously, complaints of burning and stabbing pain to the low back, and constant aching to the bilateral legs. Examination reveals decreased sensation to the left lumbar five dermatomes, hypertonicity to the bilateral lumbar paraspinal muscles lumbar one to sacral one, tenderness to the bilateral lumbar paraspinal muscles at lumbar three to sacral one, tenderness to the bilateral acromioclavicular joints, tenderness to the lumbar spine midline, tenderness to the bilateral parascapular areas, tenderness to the bilateral trapezius, decreased range of motion to the cervical, thoracic, and lumbar spine, and bilateral lumbar facet loading. The injured worker's medication regimen included Tylenol with Codeine, Lidopro Cream, Gabapentin, Naproxen, and Prilosec. The injured worker's pain level was rated a 5 to 6 out of 10 without the use of the medication regimen and rates the pain a 4 out of 10 with the use of Naproxen. The treating physician noted that the use of Naproxen decreases the pain and inflammation, the use of Gabapentin decreases the muscle spasm, and the Prilosec assists with decreasing the injured

worker's stomach pain. The documentation did not indicate if the injured worker experienced any functional improvement with the use of the injured worker's medication regimen. The treating physician requested the medication LidoPro Topical Ointment with applicator with a quantity of 120 grams, with two refills with a quantity of 240 noting current use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment with Applicator #120 grams, 2 fills total, prescribed on 1/20/2015 and 2/17/2015 Qty: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 105, 112.

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

Decision rationale: Guidelines state that topical agents are largely experimental and primarily recommended for neuropathic pain when trials of antidepressants and anti-epileptics have failed. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no evidence of failure of all other first line drugs and Lidopro exceeds the recommended concentration for capsaicin. The request for topical Lidopro is not medically appropriate and necessary.