

Case Number:	CM15-0190368		
Date Assigned:	10/02/2015	Date of Injury:	01/21/2015
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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 23 year old male who sustained an industrial injury on 01-21-2015. According to a progress report dated 08-20-2015, the injured worker had been feeling more muscle tightness around his left hip and low back. Low back pain radiated to the lower extremity with numbness. Lower extremity weakness kept him from walking much. He still had considerable pain in the nail sit-electric. Medications included Naproxen and Lidopro which was noted to help with pain. He used a TENS unit and heating pad also. Sleep was "ok". Mood was a little better. Chiropractic and acupuncture sessions were "very helpful" to improve functionality. He reported that Lidopro ointment was "very helpful" and kept his oral pain medication intake minimal. Objective findings included 5 out of 5 lower extremity strength, reports of tightness in the low back with straight leg raise. Reflexes were 2 plus. Diagnoses included lumbar sprain strain rule out degenerative disc disease, left buttocks pain, left leg pain, left hip and myofascial pain. The treatment plan included continuation of home exercise program, TENS, heating pad, Naproxen, Lidopro and Gabapentin. He was not currently working. Work status included modified work. An authorization request dated 08-20-2015 was submitted for review. The requested services included Lidopro cream 121 grams and acupuncture x 6. Documentation shows use of Lidopro dating back to March 2015. On 09-01-2015, Utilization Review non-certified the request for retrospective Lidopro cream 121 grams date of service 08-20-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro Cream 121gm DOS: 8/20/15: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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. Long-term use of topical analgesics such as Lidopro is not recommended. The claimant was on NSAIDS and topical NSAIDS can reach systemic levels similar to oral NSAIDS. The claimant was on LidoPro for several months. LidoPro as above is not medically necessary.