

Case Number:	CM15-0196483		
Date Assigned:	10/12/2015	Date of Injury:	08/21/2012
Decision Date:	11/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/06/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 45-year-old male, who sustained an industrial injury on 08-21-2012. The injured worker was diagnosed as having post-concussion syndrome and cervical spine sprain and strain, and discogenic pain. On medical records dated 08-22-2015 and 06-23-2015, the subjective complaints were noted as neck pain and headache. Pain was rated as 4 out of 10. Objective findings were noted as cervical spine revealed tenderness to palpation of parafacet region of C3 through C6 vertebra. Range of motion was mildly decreased during the right lateral flexion, extension and left side rotation of the cervical spine. Neurological exam was noted as having weakness in eye convergence bilaterally, blurriness in the peripheral vision in both eyes during confrontation exam. Pupils were equal, round and reactive to light and accommodation bilaterally cranial nerves II to XII were intact. Treatments to date included medication, home exercise program and physical therapy. The injured worker was noted to be on total temporary disability. Current medications were listed as Losartan 50 mg. The Utilization Review (UR) was dated 09-10-2015. A Request for Authorization for Lidopro ointment #1 was submitted. The UR submitted for this medical review indicated that the request for Lidopro ointment #1 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch).

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case the exam note from 8/22/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Therefore, the request is not medically necessary and non-certified.