

Case Number:	CM15-0024139		
Date Assigned:	02/13/2015	Date of Injury:	12/13/2007
Decision Date:	04/02/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 female patient, who sustained an industrial injury on 12/13/2007. A visit dated 01/20/2015 reported the patient with complaint of consistent low back pain that radiates to her bilateral lower extremities. Objective findings showed lumbar spine tender with palpation over two lumbar with spasm noted. Her left knee also with tenderness to palpation over the medial joint line and retropattellar area and one plus effusion found. A request was made for medication Lidopro 121 GM. On 01/28/2015, Utilization Review, non-certified, the request, noting the CA MTUS Chronic Pain, Topical Analgesia was cited. On 02/09/2015, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121 grams (4 fl oz) #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: The 43 year old patient presents with left knee pain and low back pain, as per progress report dated 01/20/15. The request is for LIDOPRO 121 grams (4 FL OZ) # 1. There is no RFA for this case, and the patient's date of injury is 12/13/07. Diagnoses, as per progress report dated 01/20/15, included chronic pain syndrome, lumbosacral or thoracic radiculitis or neuritis, osteoarthritis and patella fracture. The patient has been allowed to work with restrictions, as per the same progress report. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain 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 lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, prescription for Lidopro is noted in progress report dated 01/22/15. The treater does not explain the purpose of this lotion. There is no documentation of efficacy as well. Additionally, MTUS guidelines do not support any other formulation Lidocaine other than topical patches. This request IS NOT medically necessary.