

Case Number:	CM15-0027477		
Date Assigned:	02/19/2015	Date of Injury:	10/10/2010
Decision Date:	04/14/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/13/2015

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: Pennsylvania, Ohio, 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:

This 64-year-old female sustained an industrial injury on 10/10/10. She subsequently reports ongoing upper and lower back pain as well as bilateral knee pain. Diagnoses include bilateral knee sprain/ strain, thoracic sprain/ strain and left-sided lumbosacral or thoracic; neuritis or radiculitis, cervical sprain/ strain. The injured worker has undergone left knee surgery. The injured worker has had EMG and MRI testing of affected areas. Treatments to date have included prescription pain medications and work restrictions. On 1/26/15, Utilization Review non-certified a request for Retrospective (DOS: 1/16/15) LidoPro cream 121gm. The Retrospective (DOS: 1/16/15) LidoPro cream 121gm request was denied based on MTUS Chronic Pain guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 1/16/15) LidoPro cream 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Ananalgesics Page(s): 111-112.

Decision rationale: MTUS recommends topical Lidoderm only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. Additionally the same guidelines recommend compounded analgesics only when the rationale for each ingredient is documented; this recommendation has also not been met. For these combined reasons, overall this request is not medically necessary.