

Case Number:	CM15-0210864		
Date Assigned:	10/29/2015	Date of Injury:	07/13/2005
Decision Date:	12/17/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 13, 2005. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve a request for a topical spray. A September 30, 2015 report was referenced in the determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported ongoing issues with chronic low back pain radiating to lower extremities, 7/10. The applicant was using Hysingla and Percocet for pain relief, the treating provider reported. Zanaflex, naproxen, Prilosec, Ativan, Hysingla, and Percocet were endorsed, along with the topical spray in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

1st Relief 4-1% topical spray: 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): Topical Analgesics. Decision based on Non-MTUS Citation National Library of

Medicine (NLM)1ST Relief Topical- lidocaine and menthol
spray<https://dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=e82e1df8>.

Decision rationale: No, the request for a 1st Relief topical spray was not medically necessary, medically appropriate, or indicated here. The 1st Relief topical spray, per the National Library of Medicine (NLM), is an amalgam of lidocaine and menthol. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine, i.e., the primary ingredient in the compound, is recommended in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, there was no mention of the applicant's having tried and/or failed antidepressant adjuvant medications or anticonvulsant adjuvant medications prior to introduction, selection, and/or ongoing usage of the lidocaine-containing 1st Relief topical spray at issue. Therefore, the request is not medically necessary.