

Case Number:	CM15-0211025		
Date Assigned:	10/29/2015	Date of Injury:	11/10/2013
Decision Date:	12/10/2015	UR Denial Date:	10/15/2015
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: 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 39 year old male who sustained an industrial fall from a ladder injury on 11-10-2013. A review of the medical records indicated that the injured worker is undergoing treatment for bilateral lumbar radiculopathy, bilateral knee pain, and right ankle pain, cervicgia with right sided cervical radiculopathy, right shoulder impingement, right hand tendinitis, left ulnar neuropathy and chest wall pain. The injured worker is status post lumbar surgery in 05- 2014. According to the treating physician's progress reports on 09-03-2015 and 10-01-2015, the injured worker continues to experience multiple areas of pain. Examination of the right hand revealed pain with range of motion especially with flexion of the 3rd and 4th digits. Tenderness along the dorsal aspect of the hand was noted with positive Tinel's at the elbow and wrist. Phalen's and Finklestein's test were negative. The right shoulder examination documented limitations in range of motion with approximately 30 degrees with full extension. Adduction was deferred secondary to pain. Positive impingement signs were present. The left shoulder noted limited range of motion with guarding and positive impingement signs. Drop arm test was negative. The lumbar spine revealed approximately 75% range of motion in all planes with decreased light touch and pinprick on the right lower extremity at approximately the L5 dermatome. The bilateral knees were tender to palpation along the joint lines with negative anterior and posterior drawer signs bilaterally. The right ankle noted tenderness to palpation along the anterolateral aspect of the ankle with full range of motion. The left ankle had tenderness to palpation of the Achilles tendon more distally with guarding and limited range of motion secondary to pain. Official reports of magnetic resonance imaging for multiple body parts performed in 01-2014 and 12-2014 were included in the review. A cervical spine

magnetic resonance imaging (MRI) performed in 10-2014 documented "mild C5-C6 disc degeneration with a very small annulus bulge, 2mm or less". No other herniations were noted and all other discs were unremarkable. Absent lordosis and straightening of the spine, minimal C5-C6 arthropathy without significant foraminal stenosis and the spinal cord was normal without central canal stenosis. A recent electrodiagnostic study of the lower extremity performed on 06-08-2015 was included in the medical review. Interpretations of recent diagnostic tests were also included in the physician's report dated 09-03-2015. Prior treatments have included diagnostic testing, surgery, physical therapy, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, paraffin wax, chiropractic therapy and medications. Current medications were listed as Norco, non-steroidal anti-inflammatory drugs (NSAIDs) and topical analgesics. Treatment plan consists of lumbar spine magnetic resonance imaging (MRI), bilateral knee braces, lumbar support, chest Computed Tomography (CT), physical therapy, cervical epidural steroid injection, orthopedic evaluation for right wrist, gastrointestinal (GI) consultation and the current retrospective request for LidoPro 121gm (DOS: 10-01-15). On 10-15-2015 the Utilization Review determined the retrospective request for LidoPro 121gm (DOS: 10-01-15) was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro 121gm DOS: 10/1/15: Upheld

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

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

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery of Acetaminophen and NSAID. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Retrospective Lidopro 121gm DOS: 10/1/15 is not medically necessary and appropriate.