

Case Number:	CM15-0216495		
Date Assigned:	11/06/2015	Date of Injury:	12/06/2010
Decision Date:	12/28/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	11/03/2015

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 51-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 6, 2010. In a Utilization Review report dated October 5, 2015, the claims administrator failed to approve a request for 1st Relief topical spray. The claims administrator referenced a June 3, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On October 21, 2015, the applicant reported ongoing issues with chronic ankle pain. Large portions of the progress note were handwritten, difficult to follow, and not altogether legible. On September 23, 2015, the applicant again reported ongoing issues with chronic low back and ankle pain. The applicant had undergone multiple ankle surgeries to include a plantar fascia release surgery, peroneus brevis repair surgery, and lateral ankle ligament repair surgery. The applicant was still using a brace, the treating provider reported. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. No seeming discussion of medication selection or medication efficacy transpired. On a handwritten note dated June 27, 2015, work restrictions were, once again endorsed. Ongoing issues with low back and ankle pain were reported. The applicant was also using Neurontin, the treating provider suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1st relief topical spray 4%-1%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Lidoderm (lidocaine patch), 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)<http://dailymed.nlm.nih.gov/dailymed/archives/fdaDrugInfo.cfm?archiveid=1586771ST> RELIEF TOPICAL- lidocaine and menthol spray.

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 at issue, 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 is indicated in the treatment of localized peripheral pain and neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, here, however, the applicant's concurrent usage of gabapentin, i.e., an anticonvulsant adjuvant medication, effectively obviated the need for the lidocaine-containing 1st Relief topical spray at issue. Therefore, the request was not medically necessary.