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| Case Number: | CM15-0220696 | | |
| Date Assigned: | 11/16/2015 | Date of Injury: | 03/15/2012 |
| Decision Date: | 12/24/2015 | UR Denial Date: | 11/03/2015 |
| Priority: | Standard | Application Received: | 11/10/2015 |

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 injured worker is a 41 year old male who sustained an industrial injury 03-15-12. A review of the medical records reveals the injured worker is undergoing treatment for cervical and lumbar sprain-strain, myalgia, left shoulder sprain-strain, pain disorder with psychological factors and a medical condition, depression, insomnia, and chronic pain. Medical records (10-23-15) reveal the injured worker complains of unspecified pain rated at 8/10 with minimal activity. He states his Norco has been denied for 2 months. The physical exam (10-23-15) reveals tenderness to palpation over the lumbar paraspinals. Prior treatment includes home exercise program, physicals therapy, a TENS unit, psychological treatments, and medications including hydrocodone, diclofenac, omeprazole, gabapentin, LidoPro, and lidocaine. The treating provider (10-23-15) reports the plan of care is Naproxen, gabapentin, LidoPro, omeprazole, docuprene, and Norco. The treating provider reports the CURES reports for 06-03-15 showed the injured worker to be complaint. The original utilization review (12-01-15) non-certified the request for LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro oint 1 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics. Decision based on Non-MTUS Citation <http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm049367.htm>.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Lidopro. MTUS guidelines state that Lidocaine may be used for peripheral pain, after there has been a trial of first-line therapy (such as tri-cyclic or SNRI antidepressants or AED such as gabapentin or Lyrica) Topical lidocaine in the form of a patch has been designated for orphan status by the FDA for neuropathic pain. According to the clinical documentation provided and current MTUS guidelines; First line medications were not used previously to the Lidopro. Therefore, Lidopro is not medically necessary to the patient at this time.