

Case Number:	CM15-0225148		
Date Assigned:	11/23/2015	Date of Injury:	03/11/2011
Decision Date:	12/31/2015	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/17/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 36 year old female, who sustained an industrial injury on 3-11-2011. The injured worker is being treated for lumbar sprain-strain, myalgia and lumbar discogenic syndrome with radiculopathy. Treatment to date has included medications, home exercise, TENS, and heat application. Per the handwritten Primary Treating Physician's Progress Report dated 11-04-2015, the injured worker reported low back pain rated as 8.5 out of 10 in severity with tingling and numbness in the bilateral lower extremities left greater than right. She stated that she ran out of Tramadol and did not receive it by mail last month. Objective findings included decreased flexion lumbar 50% and lumbar tenderness to palpation. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Disability status was permanent and stationary. The plan of care included continuation of home exercise, TENS, and heat therapy, continuation of psychological therapy, warm compresses on eyes and oral and topical medications, and authorization was requested for LidoPro cream 120mL. On 11-10-2015, Utilization Review non-certified the request for LidoPro cream 120mL.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream 120ml: 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): Lidoderm (lidocaine patch), Topical Analgesics.

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, page 56 and 57, regarding Lidocaine, may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Further research is needed to recommend this treatment for chronic neuropathic pain disorders other than post-herpetic neuralgia. In this case the exam note from 11/4/15 demonstrates there is no evidence of failure of first line medications such as gabapentin or Lyrica. Additionally this patient does not have a diagnosis of post-herpetic neuralgia or neuropathic pain. There is no documentation of improvement in symptoms, increase in activities of daily living or decrease in pain level with the current treatment. The notes from the provider do not document efficacy of the prescribed medications. Therefore the request is not medically necessary and non-certified.