

Case Number:	CM15-0032707		
Date Assigned:	02/26/2015	Date of Injury:	06/07/2000
Decision Date:	04/10/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/20/2015

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 52-year-old male, who sustained an industrial injury on 06/07/2000. He has reported subsequent back and left pain and was diagnosed with herniated nucleus propulsus, failed low back surgery syndrome, facet arthropathy of the lumbar spine and left plantar fasciitis. Treatment to date has included oral pain medication and a TENS unit. In a progress note dated 01/20/2015, the injured worker complained of low back and right leg pain. Objective findings were notable for tenderness to palpation of the lumbar paraspinals, decreased range of motion and decreased sensation in the left L4 and L5 dermatomes and positive straight leg raise bilaterally. A request for authorization of Lidopro was made in order to reduce the use of oral medications. On 02/03/2015, Utilization Review non-certified a request for Lidopro, noting that the injured worker did not suffer from post-herpetic neuralgia. MTUS guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4 Oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: Based on the 01/20/15 progress report, the patient presents with low back and right leg pain. He rates his pain 10/10 without medication and 5-6/10 with mediation. The request is for LIDOPRO TOPICAL OINTMENT 4OZ #1. It appears this is the initial request for this medication. Patient's diagnosis per RFA dated 01/20/15 includes displacement of lumbar intervertebral disc without myelopathy. Patient is permanent and stationary. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain 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). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Per treater report dated 01/20/15 treater states, "Topical Lidopro will be used in an effort to minimize the use of oral medications." However, MTUS does not support any formulation of Lidocaine other than a patch. The request IS NOT medically necessary.