

Case Number:	CM15-0035056		
Date Assigned:	03/03/2015	Date of Injury:	06/02/2014
Decision Date:	04/09/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/24/2015

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, Arizona

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 28-year-old male who reported an injury on 06/02/2014. The mechanism of injury involved heavy lifting. The injured worker presented on 01/14/2015 for a follow-up evaluation with complaints of 5/10 with numbness in the left foot. Upon examination, there was paraspinal muscle spasm in the lumbar spine. The current diagnoses include low back pain, lumbar strain, lumbar discogenic syndrome, and lumbosacral or thoracic neuritis or radiculitis. The injured worker was referred for a transforaminal epidural steroid injection. Prescriptions were issued for naproxen sodium 550 mg and Lidopro cream. A Request for Authorization Form was then submitted on 01/14/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Osteoarthritis, Topical analgesics, neuropathic pain.

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

Decision rationale: The California MTUS Guidelines state any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended as a whole. Lidocaine is not recommended in the form of a cream, lotion, or gel. The request as submitted also failed to indicate a frequency. Given the above, the request is not medically appropriate.