

Case Number:	CM15-0036601		
Date Assigned:	03/05/2015	Date of Injury:	11/17/1997
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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 female who sustained an industrial injury on 11/17/1997. Recently she reported moderate and radiating mid-to-low back pain; and constant left foot pain with burning and numbness/tingling to the bottom of the foot, and that sometimes radiates to the left knee. The injured worker has been diagnosed with, and/or impressions were noted to include, fracture of left foot; left plantar fasciitis; lumbosacral/joint/ligament sprain/strain; and thoracic sprain/strain. Treatments to date have included consultations; magnetic resonance imaging study; and medication management. It is noted that the injured worker believes she is overcompensating with the use of the right lower extremity, experiencing relief, and a stable mood, from medications, and she states that she is classified as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm #3 dispensed on 2/5/15: Upheld

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

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

Decision rationale: The patient presents with pain in mid-low back radiating to lower extremities rated at 5/10 and left foot radiating to left knee rated at 7/10. The request is for LIDOPRO CREAM 121GM #3 DISPENSED ON 2/5/15. The request for authorization is dated 02/05/15. Meds, LidoPro cream, home exercise program and TENS unit helpful for pain control. Occasionally has difficulty staying asleep due to pain. Patient's medications include Naproxen, Fenoprofen, Omeprazole and LidoPro cream. Patient is not working. The MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. 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 progress report dated, 02/05/14, treater's reason for the request is "for non-pharmaceutical pain control for bilateral feet injury (helps minimize the burning sensation)." The patient has constant, sharp pain and burning sensation in heel, burning sensation at bottom of feet, occasional numbness/tingling, and frequent swelling. However, MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request IS NOT medically necessary.