

Case Number:	CM15-0036655		
Date Assigned:	03/05/2015	Date of Injury:	03/06/2014
Decision Date:	04/16/2015	UR Denial Date:	02/09/2015
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 28 year old male who sustained an industrial injury on 3/6/14. The injured worker reported symptoms in the lower back. The diagnoses included arthropathy and lumbar sprain/strain. Treatments to date include oral pain medications, acupuncture, chiropractic therapy, ultrasound treatment, and transcutaneous electrical nerve stimulation unit and activity modifications. In a progress note dated 2/2/15 the treating provider reports the injured worker was with "lower back pain, medications and transcutaneous electrical nerve stimulation treatment help with pain...range of motion decreased." On 2/6/15 Utilization Review non-certified the request for Lidopro cream 121 grams with 1 refill. The California Medical Treatment Utilization Schedule was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm with 1 refill: 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): 56-57, 112.

Decision rationale: The patient presents with lower back pain. The request is for LIDOPRO CREAM 121GM WITH 1 REFILL. Per 02/02/15 progress report, the patient worked with modified duties between 09/13/14 and 10/13/14. The current work status is not known. MTUS guidelines page 112 on topical lidocaine states, "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." In this case, MTUS guidelines do not allow any other formulation of Lidocaine other than in patch form. The request of Lidopro Lotion IS NOT medically necessary.