

Case Number:	CM15-0038158		
Date Assigned:	03/06/2015	Date of Injury:	09/22/2011
Decision Date:	04/23/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	02/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 48-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 22, 2001. In a Utilization Review Report dated February 23, 2015, the claims administrator failed to approve a request for topical Lidopro ointment and eight sessions of chiropractic manipulative therapy. A February 19, 2015 appeal letter was referenced in the determination. The applicant's attorney subsequently appealed. On August 15, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg. The applicant was permanent and stationary. The applicant carried various diagnoses, including chronic neck pain, lumbar radiculopathy, and myofascial pain syndrome. Methoderm and Neurontin were renewed. Pre-printed checkboxes were employed. It was not clearly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. In a handwritten progress note dated February 3, 2015, the applicant was given refills of Neurontin, Lidopro, and Methoderm. Ongoing complaints of low back pain radiating to the leg were again reported. Additional chiropractic manipulative therapy was endorsed. Permanent work restrictions previously imposed by a medical-legal evaluator were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro x2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine Page(s): 112. Decision based on Non-MTUS Citation DailyMed - LIDOPRO- capsaicin, lidocaine, menthol and dailymed.nlm.nih.gov/dailymed/drugInfo.cfm?setid=ef3f3597-94b9. Label: LIDOPRO- capsaicin, lidocaine, menthol and methyl salicylate ointment. Label RSS.

Decision rationale: No, the request for topical Lidopro ointment was not medically necessary, medically appropriate, or indicated here. Lidopro, per the National Library of Medicine, is an amalgam of capsaicin, lidocaine, menthol and methyl salicylate. However, page 112 of the MTUS Chronic Pain Medical Treatment Guidelines notes that topical lidocaine is recommended in the treatment of neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants. In this case, however, the applicant's ongoing usage of Neurontin, a first-line anticonvulsant adjuvant medication, effectively obviated the need for the lidocaine-containing Lidopro ointment at issue. Therefore, the request was not medically necessary.

Chiropractic treatments two times a week for four weeks (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 59-60.

Decision rationale: Similarly, the request for eight sessions of chiropractic manipulative therapy was likewise not medically necessary, medically appropriate, or indicated here. While pages 59 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines do support up to 24 sessions of chiropractic manipulative therapy in applicants who demonstrate treatment success by achieving and/or maintaining successful return to work status, in this case, however, the applicant was seemingly off of work as of the date of the request. It did not appear that the applicant was working with permanent limitations previously imposed by a medical-legal evaluator. The attending provider's handwritten February 3, 2015 progress note did not, moreover, explicitly state that the applicant was working. Therefore, the request for additional chiropractic manipulative therapy was not medically necessary.