

Case Number:	CM15-0042652		
Date Assigned:	03/12/2015	Date of Injury:	09/12/2013
Decision Date:	05/04/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/06/2015

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 51-year-old male, who sustained an industrial injury on September 12, 2013. He reported low back, neck, and bilateral lower extremity pain. The injured worker was diagnosed as having cervical disc herniation, cervical facet arthropathy, lumbar disc herniations, and lumbar facet arthropathy. Treatment to date has included electrodiagnostic studies, magnetic resonance imaging, and medications. On August 26, 2014, a magnetic resonance imaging of the lumbar spine revealed disc osteophyte and facet arthropathy. On January 12, 2015, he is seen for low back, neck and bilateral lower extremity pain. He reports 60 percent pain reduction with medications. Current medications: Ibuprofen 800mg. The request is for Lidopro topical.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics 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 neck pain rated at 9/10 and low back pain rated at 8/10 radiating to lower extremities. The request is for Lidopro Topical #1. The request for authorization is not provided. MRI of the cervical spine, 12/12/13, shows C3-4 a small broad-based disc osteophyte complex. MRI of the lumbar spine, 08/26/14, shows L3-4 mild spinal canal stenosis, moderate left and mild right neural foraminal narrowing. EMG of the bilateral lower extremities, 12/22/14, shows normal results. Cervical and lumbar range of motion is decreased. Straight leg raise is positive bilaterally. The patient says that overall, most of his pain is in his neck. He has had 24 visits of chiropractic treatment, which helped decrease his pain temporarily. The patient's medications include Ibuprofen. The patient is working modified duty. 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." Treater does not specifically discuss this medication. MTUS page 111 states that if one of the compounded topical product 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.