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| <b>Case Number:</b>   | CM15-0045757 |                              |            |
| <b>Date Assigned:</b> | 03/18/2015   | <b>Date of Injury:</b>       | 09/12/2014 |
| <b>Decision Date:</b> | 04/23/2015   | <b>UR Denial Date:</b>       | 02/24/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 03/10/2015 |

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 61-year-old male, who sustained an industrial injury on 09/12/2014. He reported that while transferring a patient with another coworker he noted that while lowering the patient he had an immediate sharp pain to the low back into the left buttock, and the thigh to the knee. The injured worker was diagnosed as having lumbar facet arthropathy and lumbar radiculopathy. Treatment to date has included physical therapy, laboratory studies, electro-myogram with nerve conduction velocity of the low back and left lower extremity, use of ice, x-rays of the low back, medication regimen, acupuncture, and physical therapy. In a progress note dated 02/03/2015 the treating provider reports complaints of an increase in lower back pain that is rated an eight out of ten on the pain scale. The injured worker also has complaints of muscle spasms in the low back. The treating physician requested the use of the medication LidoPro topical ointment but the documentation did not indicate the specific reason for this requested medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro topical ointment, #1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical preparations Page(s): 111.

**Decision rationale:** The medical records provided for review does not indicate a neuropathic pain condition with associated hyperalgesia/allodynia. The records report poor tolerance to oral medications but does not indicate the specific medications failed, specifically trials of antidepressants and anticonvulsants. MTUS supports this agent is primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. As the records do not indicate specific antidepressants and anticonvulsants tried and failed or the presence of a neuropathic pain condition, the medical records do not support use of this medication congruent with MTUS. Therefore, the request is not medically necessary.