

Case Number:	CM15-0047523		
Date Assigned:	03/19/2015	Date of Injury:	05/04/2012
Decision Date:	04/24/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/12/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 41 year old male, who sustained an industrial injury on May 4, 2012. He reported low back pain and left knee pain. The injured worker was diagnosed as having lumbar degenerative disc disease, lumbar facet syndrome, lumbosacral or thoracic neuritis or radiculitis, patellofemoral knee pain, depression, anxiety, chronic pain and myofascial pain. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, chiropractic care, aquatic therapy, functional restoration program, medications and work restrictions. Currently, the injured worker complains of low back pain and left knee pain. The injured worker reported an industrial injury in 2012, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on September 5, 2014, revealed continued pain decreased with physical therapy and medications. Evaluation on September 30, 2014, revealed continued pain improved with aquatic therapy and medications. Evaluation on December 22, 2014, revealed continued pain. Medications were ordered.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Lidocaine is 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). In this case, the claimant did not have the above diagnoses. The claimant had been on LidoPro for several months and long-term use of topical analgesics such as LidoPro are not recommended. There is no indication of failure of 1st line medications. The request for continued and long-term use of LidoPro as above is not medically necessary.