

Case Number:	CM15-0055640		
Date Assigned:	03/30/2015	Date of Injury:	01/22/2003
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/23/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 injured worker is a 63 year old, female patient, who sustained an industrial injury on 01/22/2003. A primary treating office visit dated 11/12/2014, reported the patient with subjective complaint of continues with low back pain that radiates to the left knee. She utilizes a home exercise program, a transcutaneous nerve stimulating unit, along with Terocin, Flexiril, Tylenol and Omeprazole. She is unable to take NSAIDS due to gastric ulcer. Of note, she is with a non-work related right knee injury which she had received injection; also diagnosed with osteoporosis of the lumbar spine. The following diagnoses are applied: lumbar spine strain/sprain, lumbosacral or thoracic neuritis or radiculitis unspecified and myofascial pain. Recommendation showed continue with Terocin, Omeprazole, try ice application and focus on performing knee rehabilitation to right knee. The most current primary treating office visit dated 02/11/2015, reported subjective complaint of low back pain that radiates to the left knee. Of note, she was prescribed a medication treating uncontrolled urination, by another provider and noted with good effects. The current diagnoses remain: lumbar spine strain/sprain, lumbosacral or thoracic neuritis or radiculitis unspecified and myofascial pain. The plan of care involved recommending LidoPro cream to limit oral medications, use of ice application, and increasing activity level to include stretching, strengthening lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 4oz/121gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105,111,112,113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57, 111-112.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2003. Topical lidocaine may be 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). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of efficacy with regards to pain and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical Lidopro in this injured worker, the records do not provide clinical evidence to support medical necessity, therefore, the treatment is not medically necessary.