

<b>Case Number:</b>	CM15-0057299		
<b>Date Assigned:</b>	04/28/2015	<b>Date of Injury:</b>	04/20/2013
<b>Decision Date:</b>	05/22/2015	<b>UR Denial Date:</b>	02/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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: North Carolina

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 47 year old female, who sustained an industrial injury on April 20, 2013. She reported low back pain. The injured worker was diagnosed as having lumbar herniated nucleus pulposus, lumbar radiculopathy and rule out intradiscal injury of the cervical and thoracic spine. Treatment to date has included diagnostic studies, chiropractic care, acupuncture therapy, pain injections, medications, back support and work restrictions. Currently, the injured worker complains of low back pain with associated lower extremity symptoms and depression, left shoulder pain radiating to the hand with associated tingling and numbness and sleep disruptions secondary to pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. Evaluation on January 21, 2015, revealed continued pain as noted. She reported little benefit with chiropractic care. Consultations with a psychiatrist and pain management specialist and topical pain medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Follow-up evaluation with an orthopedic spine specialist (lumbar):** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical reevaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG, follow up visits are based on medical necessity. This is based on the patient's response to therapy and ongoing complaints/symptoms/physical findings. As the patient has continued back pain, the request for follow up visit with the respective consultant/specialist is medically necessary and certified.

**LidoPro cream:** 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 analgesics Page(s): 111-113.

**Decision rationale:** The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. 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. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore the request is not medically necessary.

**Follow-up evaluation of a pain management specialist (lumbar, medication management):**  
Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) Pain Procedure Summary.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, medical evaluation.

**Decision rationale:** The California MTUS and the ACOEM do not specifically address the requested service. Per the ODG, follow up visits are based on medical necessity. This is based on the patient's response to therapy and ongoing complaints/symptoms/physical findings. As the patient has continued back pain, the request for follow up visit with the respective consultant/specialist is medically necessary and certified.