MAXIMUS Federal Services

Case Number:	CM15-0057320		
Date Assigned:	04/02/2015	Date of Injury:	04/17/2012
Decision Date:	05/04/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 39-year-old male, with a reported date of injury of 04/17/2012. The diagnoses include lumbar discogenic syndrome, lumbosacral or thoracic neuritis, lumbar sprain/strain, and myofascial pain. Treatments to date have included lumbar spine surgery on 02/13/2014 and redo on 11/06/2014, physical therapy, transcutaneous electrical nerve stimulator (TENS) unit, an x-ray of the lumbar spine, Meloxicam, and Lidopro ointment. The progress report dated 02/16/2015 indicates that the injured worker complained of constant pain. He rated the pain 4 out of 10. The location of the pain was not specified. It was reported that injured worker felt that the physical therapy had been very helpful for managing the pain. It was also noted that the injured worker found the topical cream to be very helpful. The objective findings include an antalgic gait, abnormal reflexes, decreased lumbar range of motion, tenderness to palpation of the lumbar paraspinal muscles with hypertonicity, and a lumbar scar on the lumbar spine. The treating physician requested Lidopro cream 121 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 111-113 of 127.

Decision rationale: Regarding the request for Lidopro, CA MTUS states that topical compound medications require guideline support for all components of the compound in order for the compound to be approved. Topical NSAIDs are indicated for Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. Neuropathic pain: Not recommended as there is no evidence to support use. Topical 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). Additionally, it is supported only as a dermal patch. Capsaicin is Recommended only as an option in patients who have not responded or are intolerant to other treatments. Within the documentation available for review, none of the abovementioned criteria have been documented. Furthermore, there is no clear rationale for the use of topical medications rather than the FDA-approved oral forms for this patient. Given all of the above, the requested Lidopro is not medically necessary.