

Case Number:	CM15-0083507		
Date Assigned:	05/05/2015	Date of Injury:	02/23/2014
Decision Date:	06/08/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/30/2015

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 43 year old female, who sustained an industrial injury on February 23, 2014. She reported falling with low back pain. The injured worker was diagnosed as having lumbar region injury, right sacroiliac strain, lumbar radiculitis with positive EHL on the right, depression, diabetes type II, hypertension, and right ankle injury/tendonitis date of injury June 17, 2013. Treatment to date has included physical therapy, MRI, TENS, home exercise program (HEP), electrodiagnostic study, acupuncture, and medication. Currently, the injured worker complains of low back pain radiating to the right lower extremity with intermittent numbness and tingling and episodes of weakness of the right lower extremity, attributing the right lower extremity symptoms to the right ankle injury in 2013. The Primary Treating Physician's report dated April 10, 2015, noted the injured worker reported her pain as intermittent, rated a 4-8/10. An electromyography (EMG)/nerve conduction study (NCS) on July 28, 2014, was noted to show right sided lumbar radiculopathy of the L5 root. A lumbar MRI dated July 10, 2014, was noted to show T12-L1 desiccation and 3mm central disc osteophyte complex, with slight dessication of L3-L4 and L4-L5, which were otherwise normal. Physical examination was noted to show a tender right lumbosacral area and right SIJ, with decreased tactile sensory at L4, L5 and S1 on the right. The injured worker's medications were listed as Naproxen, Gabapentin, Omeprazole, Lisinopril, Insulin treatment, Metformin, Glipizide, Vitamin D, QVAR, and Albuterol MDI. The treatment plan was noted to include refilling of the TENS electrodes, pending paraffin baths, lumbar support, psychologist evaluation, and chiropractic treatments authorizations, continue medications, and refill of LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidpro: Upheld

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

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.