

Case Number:	CM15-0239428		
Date Assigned:	12/16/2015	Date of Injury:	06/01/2011
Decision Date:	01/29/2016	UR Denial Date:	12/01/2015
Priority:	Standard	Application Received:	12/08/2015

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: Massachusetts

Certification(s)/Specialty: Anesthesiology, 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 63 year old male, who sustained an industrial injury on 6-1-2011. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar degenerative disc disease, cervical degenerative disc disease, and lumbosacral region radiculopathy, and chronic pain syndrome. On 9-15-2015, the injured worker reported back and neck symptoms. The Treating Physician's report dated 9-15-2015, noted the injured worker's sleep improved despite the pain. The injured worker's current medications were noted to include Lunesta, Naproxen, and Omeprazole. On 11-10-2015, the injured worker's medications were noted to have included Naproxen, Omeprazole, Gabapentin, and Lidopro cream. The physical examination was noted to show the injured worker with an antalgic gait with lumbar guarding and tenderness to palpation. The treatment plan on 11-10-2015 was noted to include requests for Lidopro cream, Naproxen, Omeprazole, and Gabapentin. The request for authorization was noted to have requested a retrospective request for Lidopro cream 121gm. The Utilization Review (UR) dated 12-1-2015, non-certified the retrospective request for Lidopro cream 121gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidopro cream 121gm: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Lidoderm (lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the request is not medically necessary.