

Case Number:	CM14-0118538		
Date Assigned:	09/16/2014	Date of Injury:	12/12/2013
Decision Date:	10/27/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 34-year-old male who was reportedly injured on 12/12/2013. The mechanism of injury is stated that, while performing the usual and customary duties of his occupation as a roofer, the injured worker suffered a slip and fall to the ground from a height of about 15 feet, injuring his lower back, head, the left side of his face and left leg. The injured worker has ongoing neck, mid back, low back pain and headaches. The pain is described as constant and sharp in nature rated 4-5/10. Treatment to date has included acupuncture and chiropractic care which helped to decrease pain. The injured worker has hyperreflexic deep tendon reflexes in both the upper and lower extremities, as well as decreased sensation in the right L4 and L5 dermatomes. On most recent examination, the injured worker states an increase in overall pain. A request was made for 1 Prescription for Lido Pro Ointment 4oz #1 and was not certified on 06/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for 1 Prescription for Lido Pro Ointment 4oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics . Decision based on Non-MTUS Citation Official Disability Guidelines: no Evidence-Based

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112 of 127.

Decision rationale: The request for Lido Pro Ointment 4 oz #1 is not supported as medically necessary. The California Medical Treatment Utilization Schedule does not support the use of topical analgesics noting there are few randomized controlled trials from which to establish the efficacy of this class of medications. There is no indication from the clinical record that the use of this product results in pain relief or functional improvements. As such, the medical necessity is not established.