

Case Number:	CM14-0127325		
Date Assigned:	08/15/2014	Date of Injury:	06/12/2003
Decision Date:	10/06/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 60 year-old female was reportedly injured on 6/12/2003. The mechanism of injury is listed as work accident where the injured person lifted a package heavier than she expected and twisted her back. The most recent progress note, dated 7/10/2014, indicates that there are ongoing complaints of chronic low back pain that radiates into the bilateral lower extremities. The physical examination demonstrated: antalgic gait, positive tenderness to palpation of the lumbar spine left more than right with spasms noted. Well healed surgical incision. Decreased sensation on the right L4-S1 dermatomes. Left lower extremity muscle strength 5-/5, right 4+/5. Positive straight leg raise bilaterally that triggers increased leg complaints. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, epidural steroid injections, medications, and conservative treatment. A request had been made for Lidopro topical ointment, Tramadol 50 Mg #120, and was non-certified in the pre-authorization process on 7/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine, Topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 56.

Decision rationale: Lidopro is a topical compounded preparation containing Capsaicin, Lidocaine, Menthol and Methyl Salicylate. MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended is not recommended". The guidelines note there is little evidence to support the use of topical Lidocaine or Menthol for treatment of chronic neck or back. As such, this request is not considered medically necessary.

Tramadol 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long term Users of Opioids (6 months or more).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

Decision rationale: The California MTUS guidelines support the use of Tramadol (Ultram) for short-term use after there is evidence of failure of a first-line option, evidence of moderate to severe pain, and documentation of improvement in function with the medication. A review of the available medical records fails to document any improvement in function or pain level with the previous use of Tramadol. As such, the request is not considered medically necessary.