

Case Number:	CM14-0127389		
Date Assigned:	09/16/2014	Date of Injury:	11/05/2012
Decision Date:	10/16/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	08/11/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Texas & Florida. 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 patient is a 33 year old male who was injured on 11/5/2012. The diagnoses are lumbar radiculopathy and low back pain. The MRI of the lumbar spine showed facet arthropathy, spondylosis and foraminal stenosis. The patient completed PT and acupuncture treatments. The medications are hydrocodone for pain and amitriptyline for depression. The records show that the hydrocodone and amitriptyline was being weaned due to non- authorization. On 9/03/2014, [REDACTED] noted subjective complaints of worsening insomnia, depression, anger and anxiety due to exacerbation of pain resulting from denial of medications. The pain score was 8/10 on a scale of 0 to 10. The patient also complained of worsening stomach pain and constipation. A Utilization Review determination was rendered on 7/11/2014 recommending denial for LidoPro ointment 4 oz.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment 4 oz: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics; & Topical analgesics, compounded..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter

Decision rationale: The CA MTUS and the ODG guidelines recommend that topical analgesic preparations can be utilized for the treatment of neuropathic pain when anticonvulsants and antidepressant medications cannot be utilized or have failed. The guidelines recommend that topical medications be tried and evaluated individually for efficacy. LidoPro ointment contains capsaicin 0.0325% / lidocaine 4.5% / menthol 10% /methyl salicylate 27.5%. The records indicate that the patient experienced exacerbation of pain due to non-certification of amitriptyline and Norco. The topical LidoPro was effective in decreasing opioid requirement. The guidelines recommended that antidepressants such as amitriptyline be utilized as first line medication. Amitriptyline is also effective when there are significant psychosomatic symptoms associated with chronic pain. The criteria for LidoPro ointment 4 oz was met, therefore the request is medically necessary.