

Case Number:	CM14-0132573		
Date Assigned:	08/22/2014	Date of Injury:	02/21/2013
Decision Date:	10/14/2014	UR Denial Date:	07/18/2014
Priority:	Standard	Application Received:	08/19/2014

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 38-year-old man was reportedly injured on the February 21, 2013. The mechanism of injury is listed as the employee falling into a ditch and landing on his back. The most recent progress note, dated August 26, 2014, indicates that there are ongoing complaints of neck pain and back pain that radiates down the left leg. Current medications include Norco and ketoprofen. There has been previous usage with gabapentin and Pamelor which did not help his neuropathic pain. There were complaints of increased G.I. upset. The physical examination demonstrated decreased sensation at the right C7 and C8 dermatomes as well as the L5 and S1 dermatomes. There was slightly decreased muscle strength of the right EHL rated at 4+/5. There was a positive left-sided straight leg raise test at 40 degrees. Diagnostic imaging studies of the lumbar spine revealed mild disc desiccation at L2 - L3 and L5 - S1. Prior treatment includes physical therapy, chiropractic care, acupuncture, and oral medications. A request had been made for Lidopro topical ointment and was not certified in the pre-authorization process on August 18, 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 QTY: #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines; Topical Analgesics Page.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113 of 127.

Decision rationale: Lidopro is a topical compounded preparation containing Capsaicin, Lidocaine, Menthol and Methyl Salicylate. According to the California Chronic Pain Medical Treatment Guidelines the only topical analgesic medications indicated for usage include anti-inflammatories, lidocaine, and capsaicin. There is no known efficacy of any other topical agents. Per the MTUS, when one component of a product is not necessary the entire product is not medically necessary. Considering this, the request for Lidopro topical ointment is not medically necessary.