MAXIMUS Federal Services

Case Number:	CM14-0140061		
Date Assigned:	09/08/2014	Date of Injury:	05/28/2013
Decision Date:	10/16/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/29/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Alabama, New York and Maryland. 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 49 year old female who was injured on 05/20/2011 while working on a machine that was leaking oil. She slipped on the oil and fell. She has received cervical epidural steroid injection, 29 sessions of acupuncture which helped with the pain, 24 visits of chiropractic treatment. Progress report dated 04/10/2014 states the patient presented with for follow-up and the patient reported mild improvement with acupuncture treatment. She has had 25 sessions and continuing with home exercise program as well. She was noted as taking ketoprofen, Flexeril, LidoPro cream which helped with her pain by 30%. She rated her pain as 7/10 at its worst and 3/10 at its best. Objective findings on exam revealed diffuse tenderness to palpation of the lumbar spine. Her sensation is decreased on the right at C5-C8 dermatomes. She has diminished sensation of the right L3-S1 dermatomes. She is diagnosed with cervical HNP at C4-5 with mild canal stenosis; cervical radiculopathy; lumbar facet arthropathy; right shoulder arthralgia; coccydynia; and urinary complaints of unknown etiology. She has been recommended to continue Flexeril, ketoprofen and LidoPro cream. Prior utilization review dated 08/15/2014 states the request for Lidopro Topical Ointment 4oz #1 is denied as medical necessity has not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4OZ, #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 105,112, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Page(s): 111-113.

Decision rationale: The CA MTUS guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primary recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Based on the CA MTUS guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary as there is no documentation that there has been failure of first line therapy.