

Case Number:	CM14-0096537		
Date Assigned:	07/28/2014	Date of Injury:	09/08/2007
Decision Date:	10/08/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/24/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 8, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of psychological counseling; topical compounds; trigger point injections; and extensive periods of time off of work. In a Utilization Review Report dated June 13, 2014, the claims administrator retrospectively denied a request for LidoPro. The applicant's attorney subsequently appealed. In a progress note dated May 1, 2014, the applicant presented with heightened, 8/10 low back pain. The attending provider stated, somewhat incongruously, that the medications were helpful. The applicant was asked to continue current medications. Motrin, Norco, Prilosec, and Valium were endorsed. The applicant was placed off of work, on total temporary disability. A neurosurgical consultation and trigger point injections were also endorsed. The applicant was not working, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Lidopro ointment 4 oz. #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics and topical compounds such as LidoPro, as a class, are deemed "largely experimental." In this case, the applicant has already received the topical compound in question, despite the unfavorable MTUS position on the same and has, furthermore, failed to demonstrate any lasting benefit or functional improvement through ongoing LidoPro usage. The applicant remains off of work. Ongoing LidoPro usage has failed to curtail the applicant's dependence on Norco, an opioid agent. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of LidoPro. Therefore, the request is not medically necessary.