

Case Number:	CM15-0115794		
Date Assigned:	06/29/2015	Date of Injury:	07/16/1996
Decision Date:	08/25/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: New York

Certification(s)/Specialty: Pediatrics, Internal Medicine

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 injured worker is a 73 year old female, who sustained an industrial injury on 07/16/1996. She has reported subsequent low back pain radiating to the lower extremities and was diagnosed with low back pain and lumbar radiculopathy. Treatment to date has included oral and topical pain medication and surgery. Documentation shows that anti-epileptics had been tried in the past but failed to alleviate the injured worker's pain and that anti-depressants had been attempted in the past but had caused the injured worker to become more depressed. In a progress note dated 05/01/2015, the injured worker complained of low back pain and buttock pain that was rated as 9/10. Objective findings were notable for antalgic gait, tenderness of the bilateral lumbar paravertebral regions at L4-L5 and L5-S1 levels, tenderness in the left sacroiliac joint, positive FABER, pelvic shear and stork test on the left, pain with range of motion of the lumbar spine, diminished sensation in the left lower extremity to cold sensation below the knee and diminished sensation in the L5 and S1 distribution. The physician noted that Oxycodone would not be refilled given the negative urine drug screens and that another oral opioid medication as well as an NSAID medication would be prescribed. A request for authorization of Lidopro ointment 4% 121 grams, quantity of 1, per 05/01/2015 order was submitted. There was no discussion regarding the reason for prescription of this topical medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 4% 121g quantity: 1, per 05/01/15 order: 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): 111-113.

Decision rationale: As per CA Medical Treatment Utilization Schedule (MTUS) guidelines, topical analgesics are "Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." "Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." The topical medication requested is a Lidocaine ointment, which is not approved for use. Therefore, the request for authorization of Lidopro ointment is not medically necessary.