

Case Number:	CM15-0117401		
Date Assigned:	06/25/2015	Date of Injury:	08/06/2010
Decision Date:	07/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/17/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male, who sustained an industrial injury on 8/06/2010. Diagnoses include failed back syndrome lumbar and radiculopathy lumbar spine. Treatment to date has included surgical intervention (L4-S1 lumbar fusion 2012), physical therapy and medications. Per the Primary Treating Physician's Progress Report dated 5/01/2015, the injured worker reported chronic moderate to severe low back pain rated as 7/10 with radiation down the left leg to the great toe. On average and at its worst he rates his pain as 9/10. Physical examination of the lumbar spine revealed an antalgic gait. There was tenderness to the paravertebral regions, with pain upon extension, right lateral rotation, and left lateral rotation. Range of motion was restricted and straight leg raise test was positive. The plan of care included topical medication and authorization was requested for LidoPro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical LidoPro 4.5%-27.5%-0.0325%-10% ointment 121gm Qty: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Lidocaine Page(s): 112.

Decision rationale: Regarding request for topical lidocaine, Chronic Pain Medical Treatment Guidelines recommend the use of topical lidocaine for localized peripheral pain after there has been evidence of a trial of the first line therapy such as tricyclic antidepressants, SNRIs, or antiepileptic drugs. Guidelines further stipulate that no commercially approved topical formulations of lidocaine cream, lotion, or gel are indicated for neuropathic pain. Within the documentation available for review, there is no indication that the patient has failed first-line therapy recommendations, as the patient has taken gabapentin without documented treatment failure. Furthermore, guidelines do not support the use of topical lidocaine preparations, which are not in patch form. As such, the currently requested topical formulation, which contains lidocaine, is not medically necessary.