

Case Number:	CM15-0118323		
Date Assigned:	06/26/2015	Date of Injury:	11/04/2011
Decision Date:	07/29/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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

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 33-year-old male who reported an industrial injury on 11/4/2011. His diagnoses, and/or impressions, are noted to include thoracic and lumbar sprain/strain; myofascial pain; poor coping; and a history of positive occult blood tests. No current imaging studies were noted. His treatments have included physical therapy; a home exercise program; acupuncture treatments - effective; trans-cutaneous electrical stimulation unit therapy; trigger point injection therapy; medication management; and modified work duties. The progress notes of 4/14/2015 were of poor quality and difficult to read, but noted reported was a follow-up visit for moderate lumbar pain, aggravated by activities and relieved by home exercise, use of trans-cutaneous electrical stimulation unit, and medications. Objective findings were noted to include an antalgic gait; decreased/painful lumbar range-of-motion with decreased right lower extremity sensation and muscle twitch. The physician's requests for treatments were noted to include the continuation of LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Lidopro cream 121g: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. There is no documentation of intolerance to oral medication as the patient is also on other oral analgesics. The Retrospective request for Lidopro cream 121g is not medically necessary and appropriate.