

Case Number:	CM15-0121954		
Date Assigned:	07/06/2015	Date of Injury:	09/20/2006
Decision Date:	07/31/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	06/24/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on September 20, 2006, incurring low back and knee injuries. He was diagnosed with lumbar disc displacement, lumbar disc disorder with myelopathy, lumbar radiculopathy, and meniscus tear of the left knee. Treatments included pain medications, epidural steroid injection, topical analgesic creams and ointments, home exercise program, knee injections, physical therapy and work modifications and restrictions. Currently, the injured worker complained of lower back pain radiculopathy to the bilateral lower extremities, lumbar spasms, and tenderness and decreased range of motion. He complained of decreased flexion and extension of the left knee. He was noted to have patellar crepitus of the left knee. The treatment plan that was requested for authorization included a prescription for Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm
Page(s): 56-57.

Decision rationale: In accordance with California Chronic Pain MTUS guidelines, topical Lidocaine may be recommended for localized peripheral pain after there has been a trial of a first-line treatment. The MTUS guideline specifies "tri-cyclic or SNRI anti-depressants or an AED such as Gabapentin or Lyrica" as first line treatments. The provided documentation does not show that this patient was tried and failed on any of these recommended first line treatments. Topical Lidoderm is not considered a first line treatment and is currently only FDA approved for the treatment of post-herpetic neuralgia. Likewise, for the aforementioned reasons, the requested LidoPro cream is not medically necessary.