

Case Number:	CM15-0127456		
Date Assigned:	07/14/2015	Date of Injury:	05/09/1997
Decision Date:	09/09/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/02/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 60-year-old female, who sustained an industrial injury on 05/09/1997. She reported pain in her low back area while doing her regular customary job. The injured worker is currently permanent, stationary, and retired. The injured worker is currently diagnosed as having chronic low back pain, right leg pain, lumbosacral radiculopathy, sacroiliac joint dysfunction, and possibility of facet arthropathy on the right side. Treatment and diagnostics to date has included opioid and topical medications. In a progress note dated 04/15/2015, the injured worker presented with complaints of low back pain and right leg pain and rates her pain 6/10 with medications and 9 to 10/10 without medications. The progress report notes that the injured worker is using Dendracin cream, which provides significant relief of her pain. Objective findings include an antalgic gait and tightness in her back with straight leg raise test in sitting position. According to the Utilization Review report, the request is for LidoRx (Lidocaine) gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoRX 3% gel (Lidocaine HCL hydrochloride), duration and frequency unknown, (retrospective dispensed 4/15/15): 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 Page(s): 111-113.

Decision rationale: As per California MTUS Chronic Pain Guidelines, topical analgesics are "largely experimental in use with few randomized control trials to determine efficacy or safety. Primarily, recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed". California MTUS also states, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended". LidoRx contains lidocaine and any topical agent with lidocaine is not recommended if it is not in patch form. Therefore, based on the Guidelines and the submitted records, the request for LidoRx (Lidocaine) gel is not medically necessary.