MAXIMUS Federal Services

Case Number:	CM15-0170473		
Date Assigned:	09/11/2015	Date of Injury:	03/08/2011
Decision Date:	10/08/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/29/2015

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:

This is a 32 year old male with a date of injury of March 8, 2011. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain, pain of the lower or upper extremity, and lumbosacral radiculitis. Medical records (July 25, 2015) indicate that the injured worker complains of continued lower back pain radiating to the left lower extremity intermittently with tingling and burning, and pain rated at a level of 4 out of 10. A progress note dated (April 25, 2015) notes subjective complaints of lower back pain radiating to the left lower extremity intermittently with tingling, and pain rated at a level of 4 out of 10. Per the treating physician (July 25, 2015), the employee is working full time. The physical exam (July 25, 2015) reveals decreased flexion of the lumbar spine, painful extension of the lumbar spine, and tenderness to palpation over the lower lumbar facet joints. There were no changes noted from a progress note on April 25, 2015. Treatment has included medications (Gabapentin since April 25, 2015; Omeprazole since at least March 28, 2015; Naproxen since at least March 28, 2015; Lidopro cream since at least March 28, 2015; Tramadol that was discontinued on March 28, 2015), transcutaneous electrical nerve stimulator unit, and ice. The original utilization review (August 3, 2015) non-certified a request for Lidopro ointment 121 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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 with radiating symptoms. 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 Lidopro ointment 121gm is not medically necessary or appropriate.