

Case Number:	CM15-0063752		
Date Assigned:	04/09/2015	Date of Injury:	03/11/2014
Decision Date:	05/19/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/03/2015

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: Pennsylvania, Ohio, 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 62 year old female, who sustained an industrial injury on March 11, 2014. She reported being assaulted. The injured worker was diagnosed as having acquired back spondylolisthesis, lumbar degenerative disc disease, left hip or thigh strain, lumbosacral or thoracic neuritis or radiculitis, dizziness, and post-traumatic stress disorder. Treatment to date has included ultrasound treatment, acupuncture, TENS, cognitive behavioral therapy, MRI, home exercise program (HEP), and medication. Currently, the injured worker complains of low back pain radiating to the bilateral lower extremities, and decreased sleep. The Primary Treating Physician's report dated March 5, 2015, noted the injured worker's medications as Aleve, Aleve PM, Ibuprofen, Omeprazole, and Lidopro cream. The injured worker reported medications, heat therapy, swimming, walks, TENS, and home exercise program (HEP) helpful for pain control. The treatment plan included dispensed and refilled Lidopro cream, continue medications, continue acupuncture sessions, and awaiting authorization for a psychologist evaluation with follow-up for post-traumatic stress disorder with associated depression and anxiety.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 105, 111-112.

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

Decision rationale: MTUS recommends topical Lidocaine only for localized peripheral neuropathic pain after a trial of first-line therapy. The records in this case do not document such a localized peripheral neuropathic diagnosis, and the guidelines do not provide an alternate rationale. This request is not medically necessary.