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| Case Number: | CM15-0065596 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 09/03/2008 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/24/2015 |
| Priority: | Standard | Application Received: | 04/07/2015 |

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 42 year old male, who sustained an industrial injury on 09/03/2008. He reported injuries to his low back and left ankle. The injured worker is currently diagnosed as having discogenic lumbar condition, ankle inflammation status post arthroscopy, and depression. Treatment to date has included ankle brace, back brace, lumbar spine MRI, Hyalgan injection, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 03/12/2015, the injured worker presented with complaints of left foot pain. The treating physician reported requesting authorization for Lidopro patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro patches #15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 105, 111.

Decision rationale: Guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. In this case, the patient has not tried any of the over the counter topical ointments prior to this request. This is required as a first line treatment for topical analgesics per guidelines. In addition, Lidopro contains drugs that are not recommended. The request for Lidopro patches #15 is not medically necessary and appropriate.