

Case Number:	CM15-0070179		
Date Assigned:	05/07/2015	Date of Injury:	10/28/2013
Decision Date:	06/05/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	04/14/2015

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: North Carolina

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 47 year old female, who sustained an industrial injury on 10/28/13. The mechanism of injury was not documented. The diagnoses have included lumbosacral / joint / ligament sprain, thoracic strain/sprain, lumbago, lumbar spondylosis without myelopathy, and osteoarthritis. Treatment to date has included medications, diagnostics, bracing, pool therapy, and home exercise program (HEP). The current medications included Percocet, Gabapentin, and Cyclobenzaprine, Omeprazole, and Menthoderm gel. Currently, as per the physician progress note dated 2/19/15, the injured worker complains of constant mid low back pain that radiates to the bilateral lower extremities. She reports numbness and tingling in the bilateral feet, neck and upper back to right upper extremity with numbness and tingling to the right hand. She reports wearing back brace. She reports depression and problems with sleeping due to pain. She is currently not working. The pain level was rated 9/10 on pain scale which has been unchanged from previous visits. There was no objective findings other than that she was alert and oriented with skin clean, dry and intact. There was no urine drug screen noted in the records. Work status was to remain off work until 3/30/15. The physician requested treatment included Retrospective (3/12/15-3/12/15)1 Prescription of Lidopro 121gm for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (3/12/15-3/12/15)1 Prescription of Lidopro 121gm: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: The California chronic pain medical treatment guidelines section on topical analgesics states: Recommended as an option as indicated below. Largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004) These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. (Colombo, 2006) Many agents are compounded as monotherapy or in combination for pain control (including NSAIDs, opioids, capsaicin, local anesthetics, antidepressants, glutamate receptor antagonists, adrenergic receptor agonist, adenosine, cannabinoids, cholinergic receptor agonists, agonists, prostanoids, bradykinin, adenosine triphosphate, biogenic amines, and nerve growth factor). (Argoff, 2006) There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains ingredients, which are not indicated per the California MTUS for topical analgesic use. Therefore, the request is not medically necessary.