

Case Number:	CM15-0075140		
Date Assigned:	04/27/2015	Date of Injury:	05/23/2014
Decision Date:	05/22/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/20/2015

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, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 30-year-old male who sustained an industrial injury on 5/23/14. He has reported initial complaints of back injury after getting struck by a 6 inch pipe. The diagnoses have included Lumbar L1 compression fracture. Treatment to date has included medications, activity modifications, physical therapy, chiropractic, acupuncture and diagnostics. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine and x-rays. Currently, as per the physician progress note dated 1/20/15, the injured worker complains of low back pain and aching pain in the neck with radiation of pain with pins and needles to the bilateral shoulders. The pain has increased since the last visit from 3-4/10 on the pain scale. He also reports aching pain in the mid back that radiates to the low back with pins and needles in the mid back. The back pain was unchanged and rated 3/10 non-pain scale. The objective findings revealed lumbar spine tenderness to palpation and decreased lumbar range of motion. The physician recommended treatments were trial of topical Lidopro cream as the injured worker is trying to avoid oral medication use, continue with pain management, updated Magnetic Resonance Imaging (MRI) of the lumbar spine to evaluate if the injured worker is a candidate for kyphoplasty and follow up in 6 weeks. The physician requested treatments included Outpatient Follow-Up Consultation to Orthopedic and LidoPro Topical Ointment #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Follow-Up Consultation to Orthopedic: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-310.

Decision rationale: This injured worker was denied a request for a follow up orthopedic evaluation. His physical exam revealed lumbar spine tenderness to palpation and decreased lumbar range of motion. There are no red flag symptoms or signs, which would be indications for immediate referral. Prior studies include lumbar MRI. Surgery is considered when there is severe spin vertebral pathology or severe, debilitating symptoms with physiologic evidence of specific nerve root or spinal cord dysfunction on appropriate imaging studies that did not respond to conservative therapy. Other modalities of conservative therapy could be trialed prior to orthopedic referral for kyphoplasty and the medical records do not support the medical necessity such an evaluation. The request is not medically necessary.

LidoPro Topical Ointment #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 56-57 and 112.

Decision rationale: Lidopro is topical capsaicin/lidocaine/menthol/methyl salicylate. Per the guidelines, topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). This is not a first-line treatment and is only FDA approved for post-herpetic neuralgia. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is no documentation of goals for efficacy about pain and functional status or a discussion of side effects specifically related to the topical analgesic. The medical records do not support medical necessity for the prescription of lidopro topical ointment in this injured worker.