

Case Number:	CM15-0075255		
Date Assigned:	04/27/2015	Date of Injury:	03/24/2004
Decision Date:	05/22/2015	UR Denial Date:	03/24/2015
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: Arizona, California

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 49 old female who sustained an industrial injury on 3/24/04. She has reported initial complaints of a back injury after assisting a senior into a wheelchair. The diagnoses have included bilateral lumbosacral radiculopathy, myofascial pain syndrome and lumbar strain. Treatment to date has included medications, epidural steroid injection (ESI), activity modifications, physical therapy, chiropractic, ice/heat, ultrasound and electrical muscle stimulation. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the lumbar spine. The current medications included Naprosyn, Omeprazole, Flexeril and Mentherm gel. Currently, as per the physician progress note dated 1/23/15, the injured worker complains of pain in the back with weakness in the legs. The physical exam revealed positive straight leg raise bilaterally, decreased sensation of both feet, and decreased range of motion in the lumbar area. The injured worker was not working at the time of the exam. The physician noted that he would do lumbar epidural steroid injection (ESI). The physician requested treatment included Lidopro 4% ointment quantity 121gms with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment quantity 121gms with two refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are 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. Lidocaine is 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). In this case the claimant did not have the above diagnoses. Long-term use of topical analgesics such as Lidoderm patches are not recommended. The claimant had already been on topical analgesics and oral analgesics without mention in reduction of use. The Lidopro with 2 additional refills exceeds the short-term use recommended and is not medically necessary.