

Case Number:	CM15-0090720		
Date Assigned:	05/15/2015	Date of Injury:	03/15/2012
Decision Date:	06/23/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/11/2015

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

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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 41-year-old male who sustained an industrial injury on March 15, 2012. He has reported low back pain, neck pain, and right shoulder pain and has been diagnosed with lumbar sprain/strain, myofascial pain, and sleep disturbance. Treatment has included medications, home exercise program, heat therapy, TENS unit, and injection. Pain was rated 7.5/10. There was trapezius numbness. There was tenderness to palpation of the lumbar spine. There was decreased range of motion to the lumbar spine, right shoulder, and neck. They had an antalgic gate assisted by a straight cane. The treatment request included Lidopro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 121gm: Upheld

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

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

Decision rationale: The patient is a 41-year-old male with an injury on 03/15/2012. He has chronic back pain, neck pain and shoulder pain. MTUS, chronic pain guidelines for topical analgesics note that if an active ingredient is not recommended than the entire compound topical analgesic medication is not recommended. The requested compound topical analgesic contains Menthol, which is not recommended; thus the requested compound topical analgesic medication is not medically necessary.