

Case Number:	CM14-0144575		
Date Assigned:	09/12/2014	Date of Injury:	07/02/2014
Decision Date:	10/23/2014	UR Denial Date:	08/09/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 25 year-old patient sustained an injury on 7/2/14 while employed by [REDACTED]. Request(s) under consideration include LidoPro Topical Cream 4oz #1 for the lumbar spine. Conservative care has included medications and modified activities/rest. Medications include Norco, Soma, Tramadol, and Naproxen. A report of 7/11/14 from the provider noted the patient with ongoing neck, back, bilateral upper and lower extremity complaints. Exam showed diffuse decreased range of cervical and lumbar spine; decreased sensation in left L5 dermatome; diffuse motor weakness of 4/5 at bilateral plantar flexion/ finger flexion and extension; hyporeflexic at triceps and brachioradialis; positive SLR of 60 degrees on right. X-rays of cervical and thoracic spine were unremarkable. Lumbar spine x-rays with pars defect at L5-S1 with grade I anterolisthesis and mild disc space narrowing. Treatments include EMG/NCS of bilateral upper and lower extremities, trial of chiropractic treatment, medications Norco, Pamelor, and topical compound to help with breakthrough pain. The request(s) for LidoPro Topical Cream 4oz #1 for the lumbar spine was non-certified on 8/9/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Cream 4oz #1 for the lumbar spine: Upheld

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

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

Decision rationale: Per the MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical compound analgesic over oral NSAIDs or other pain relievers for a patient with spinal and multiple joint pains without contraindication in taking oral medications. Submitted reports have not adequately demonstrated the indication or medical need for this topical analgesic for this injury. The LidoPro Topical Cream 4oz #1 for the lumbar spine is not medically necessary and appropriate.