

Case Number:	CM13-0054575		
Date Assigned:	12/30/2013	Date of Injury:	08/19/2004
Decision Date:	03/24/2014	UR Denial Date:	11/02/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 physician 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:

The patient is a 49-year-old male who reported a work-related injury on 8/19/04; he fell approximately six feet while carrying rocks, sustaining injury to the low back and bilateral legs. Previous treatments have included physical therapy, a TENS unit, acupuncture, epidural steroid injections, and lumbar fusion at L4-5. The most recent clinical documentation reported that the patient had continued back pain rated at 9/10. The patient was discontinued from controlled substances in June 2013. The patient's most recent clinical examination findings included positive tenderness to palpation along the lumbar spine with positive facet loading bilaterally at L3-4 and L4-5 with a positive straight leg raise test. The patient's diagnoses included lumbar radiculitis bilaterally, facet arthropathy bilaterally at L5-S1 and L3-4, status post failed back surgery, chronic pain syndrome, and myofascial pain syndrome. The patient's treatment plan included Lidopro topical ointment and an additional epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 4oz of Lidopro cream: Upheld

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

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

Decision rationale: Lidopro is a compounded medication that contains capsaicin, lidocaine, menthol, and methyl salicylate. The California MTUS does support the use of menthol and methyl salicylate for osteoarthritic related pain, and the clinical documentation submitted for review provides evidence that the patient has facet-mediated pain that may benefit from this type of medication. However, the California MTUS does not recommend the use of capsaicin unless the patient has failed to respond to other treatments. The clinical documentation submitted for review does not provide any evidence that the patient has failed to respond to anticonvulsants or antidepressants. Also, the California MTUS does not support the use of lidocaine in a cream formulation as it is not FDA-approved to treat neuropathic pain. The California MTUS states that any compounded medication that contains at least one drug or drug class that is not supported by guideline recommendations is not recommended as a whole. As such, the requested compounded medication is not medically necessary or appropriate, and is noncertified.