

Case Number:	CM13-0054700		
Date Assigned:	12/30/2013	Date of Injury:	12/06/2005
Decision Date:	03/14/2014	UR Denial Date:	11/14/2013
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 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 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 55-year old male who was injured on 12/6/05. Prior treatment history has included physical therapy, chiropractic care, acupuncture, lumbar epidural steroid injection and medications. The use of Terocin cream has helped to decrease need for oral medications and acupuncture helps him sleep at night. Diagnostic studies performed include a 2/14/06 MRI of the cervical spine and thoracic spine. The spinal cord was unremarkable. There was mild degenerative disc disease at the C3-4 through C5-6 levels, and mild narrowing of the right C5-6 neural foramen. There was no evidence of cervical or thoracic spinal stenosis. The MRI of the lumbar spine showed L1-2 changes of disc desiccation and slight flattening. There were minimal broad annular disc bulges at several levels. There was no evidence for significant central canal or foraminal stenosis or nerve root compression. A clinic note dated 10/23/13 noted decreased range of motion in all planes of the lumbar and cervical spine, paravertebral muscle spasm, lumbar paravertebral muscle spasm, positive facet loading on the left at C2/3 and C3/4, and a positive straight leg test bilaterally at 60 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 4 ounces of Lidopro ointment: Upheld

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

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

Decision rationale: Lidopro ointment contains 0.0325% Capsaicin, 4.5% Lidocaine, 10% Menthol, and 27.5% Methyl Salicylate. According to the CA MTUS, topical Capsaicin is recommended as an option for patients who have not responded to other treatments or are intolerant to other treatments. There is no documentation of intolerance to other treatments within the records. Topical Lidocaine in the form of the patch is the only approved form. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for Lidopro is noncertified.