

Case Number:	CM13-0059985		
Date Assigned:	12/30/2013	Date of Injury:	10/16/2007
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/02/2013

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 and Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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:

The patient is a 67-year-old male who reported injury on 10/16/2007. The mechanism of injury was not provided. The patient's diagnosis was noted to be cervical disc degeneration. The patient had complaints of neck, mid back, and low back pain at 7/10 to 8/10. The patient was noted to have a urine drug screen on 09/26/2013 which was consistent for the prescribed medications. The treatment plan was noted to include a clearance prior to an epidural steroid injection, a urine drug screen, and a trial of LidoPro cream to help the patient wean his narcotic medications down. It was indicated the patient would continue with his cardiologist for treatment of possible A-fibrillation per the patient. Request was made for 1 prescription of LidoPro topical ointment, a urine drug screen, and a medical clearance for epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment 4 oz #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Salicylates Page(s): 105,111,28,112. Decision based on Non-MTUS Citation <http://www.drugs.com/search.php?searchterm=LidoPro>

Decision rationale: California MTUS Guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine the efficacy or safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Lidocaine is not recommended in any form other than Lidoderm and is recommended for neuropathic pain. California MTUS Guidelines indicate that topical salicylates are a recommended treatment. Per drugs.com LidoPro is a topical analgesic containing capsaicin, lidocaine, menthol, and menthol salicylate. Clinical documentation submitted for review indicated the physician was starting the patient on the medication as a trial to decrease other medications. However, there was lack of documentation indicating the patient had trialed and failed antidepressants and anticonvulsants and that the patient had not responded or was intolerant to other treatments. Given the above and that lidocaine lotion or cream is not recommended by the FDA, the request for prospective 1 prescription of LidoPro topical ointment 4 ounces #1 is not medically necessary.

1 Urine Screen: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinical Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substances, (May 2009), page 10

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: California MTUS Guidelines indicate that the use of drug screening is appropriate for patients with documented issues of abuse, addiction, or poor pain control. The patient was noted to undergo urine drug screens on both 03/06/2013 and 09/28/2013 that were appropriate and consistent with prescribed medications. There was a lack of documentation indicating the patient had documented issues of abuse, addiction or poor pain control. Given the above, the request for a prospective 1 urine drug screen is not medically necessary.

1 Medical Clearance for Epidural Steroid Injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Society of General Internal Medicine <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit>

Decision rationale: Per the Society of General Internal Medicine Online, "preoperative assessment is expected before all surgical procedures." The clinical documentation submitted for review indicated the request was for an epidural steroid injection. There was a lack of documentation indicating a rationale for the necessity for a preoperative clearance for this procedure as it is considered a non-surgical procedure. Given the above and the lack of documented rationale, the request for a prospective 1 medical clearance for epidural steroid injection is not medically necessary.