

Case Number:	CM13-0068653		
Date Assigned:	01/03/2014	Date of Injury:	04/13/2002
Decision Date:	05/23/2014	UR Denial Date:	12/07/2013
Priority:	Standard	Application Received:	12/19/2013

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 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:

The underlying date of injury in this case is 04/12/2002. The treating diagnoses include thoracic and lumbar herniated nuclei pulposi with lumbar stenosis and thoracic cord distortion, myelopathy, and ongoing internal medicine issues including diabetes, hypertension, and medication-induced gastritis. On 11/20/2013, the primary treating physician assistant noted that the patient presented with persistent mid and low back pain. He was being treated separately in a pain management clinic and denied side effects from those medications and stated that these continued to decrease his pain and normalize his function. The physician assistant recommended a trial of LidoPro Cream in order to decrease his pain while avoiding an increase in opioids. An initial physician review discusses guidelines for topical salicylate use and menthol and concludes that the treatment requested was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO OINTMENT 4 OZ #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Lidocaine, Topical.

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

Decision rationale: The requested LidoPro Ointment contains capsaicin, lidocaine, menthol, and methyl Salicylate. The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on topical analgesics, page 111, state that if any compounded product contains at least one drug that is not recommended, then it is not recommended. Topical lidocaine is recommended in these guidelines only for localized neuropathic pain; this patient has diffuse or multifocal pain and does not appear to have localized neuropathic pain amenable to use of a local analgesic. Moreover, this medication contains capsaicin at 0.325%, which exceeds the concentration recommended in the treatment guidelines. Additionally, the medical records do not clearly discuss the rationale or mechanism of action proposed for this topical medication as recommended by these guidelines. For these multiple reasons, LidoPro is not supported by the medical records and guidelines. This request is not medically necessary.