

Case Number:	CM14-0009607		
Date Assigned:	02/14/2014	Date of Injury:	08/13/2008
Decision Date:	07/24/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/23/2014

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 Occupational Medicine 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 patient is a 37-year-old female, who has submitted a claim for associated low back pain due to chronic muscle paraspinal strain and right thoracic muscle paraspinal strain, with an industrial injury date of August 13, 2008. Medical records from 2011 through 2014 were reviewed, which showed that the patient complained of persistent low back pain, radiating into the legs with muscle spasms and cramps. She also complained of numbness in bilateral lower extremities and bilateral feet. On physical examination of the lumbar spine, tenderness was noted on the lumbar paraspinal muscles. Her gait was observed to be slightly wide-based. Treatment to date has included tramadol, Protonix, Terocin lotion, glucosamine, gabapentin, TENS, acetadryl, Dendracin, Prilosec, Synovacin, Topiramate, Ultracet and Lidopro. Utilization review from January 6, 2014, denied the request for Lidopro lotion 4 ounces qty 1 because MTUS does not recommend compounded topical analgesics if one or more ingredients are not recommended. Guidelines do not recommend recumbent non-FDA approved preparation of lidocaine. An appeal dated January 17, 2014 has been made.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO LOTION 4 OUNCES QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Capsaicin, topical ; Salicylate topicals; Topical Analgesics Page(s): 28, 105, 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Topical salicylates.

Decision rationale: An online search indicates that Lidopro is composed of capsaicin 0.325%, lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. As stated on page 111 of California MTUS chronic pain medical treatment guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Regarding the Capsaicin component, CA MTUS Chronic Pain Medical Treatment Guidelines on page 28 states that topical Capsaicin is only recommended as an option when there is failure to respond or intolerance to other treatments; with the 0.025% formulation indicated for osteoarthritis. Regarding the Lidocaine component, CA MTUS Chronic Pain Medical Treatment Guidelines identify on page 112 that topical formulations of lidocaine (whether creams, lotions or gels) are not indicated for neuropathic or non-neuropathic pain complaints. Regarding the Menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Regarding the Methyl Salicylate component, CA MTUS states on page 105 that salicylate topicals are significantly better than placebo in chronic pain. In this case, there is no documentation regarding failure or intolerance to first-line oral pain medications. Also, there is no evidence supporting a 0.325% preparation of capsaicin, or of topical formulations of lidocaine aside from patches. Therefore, the request for Lidopro lotion 4 ounces qty 1 is not medically necessary.