

Case Number:	CM14-0010921		
Date Assigned:	02/21/2014	Date of Injury:	07/21/2013
Decision Date:	06/25/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/27/2014

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 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 injured worker is a 33 year old female injured on 07/21/13 when she was taking out the garbage and felt a sharp pain in her low back that radiated to the right lower extremity. Current diagnoses include L4, L5, and S1 disc condition with subtle dorsal displacement of right S1 nerve root, lumbar sprain/strain with radicular symptoms, myofascial pain with reactionary sleep disturbance, and gastrointestinal (GI) discomfort worsened with use of non-steroidal anti-inflammatory medications (NSAIDs). The injured worker was treated with physical therapy, acupuncture, lumbar epidural steroid injections, activity modification, and medication management. The clinical note dated 01/13/14 indicates the injured worker presented complaining of constant low back pain radiating to the bilateral lower extremities, right greater than left, with associated numbness, tingling, and weakness in the lower extremities. Physical examination of the lumbar spine revealed tenderness over bilateral paraspinal muscles, spasm was noted more prominent on the right lower paraspinal musculature, tenderness over parafacet region at L4, L5, and S1 area and tenderness over right posterior sacroiliac joint, decreased lumbar range of motion bilaterally, straight leg raise on the right positive, muscle strength 5/5, and deep tendon reflexes within normal limits. Current medications include Tramadol and Baclofen. The initial request for LidoPro 4oz. #1 was initially non-certified on 01/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO 4 OZ #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, TOPICAL ANALGESICS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20, Topical analgesics, Page(s): 111.

Decision rationale: As noted on page 56 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Lidopro is noted to contain capsaicin, lidocaine, menthol, and methyl salicylate. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. Additionally, the components of this compound are readily available in an over-the-counter formulation. As such, the request for Lidopro 4 oz. #1 cannot be recommended as medically necessary.