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| Case Number: | CM14-0011007 | | |
| Date Assigned: | 02/21/2014 | Date of Injury: | 06/05/2009 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 01/14/2014 |
| 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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 37-year-old male patient with a 6/5/09 date of injury. The mechanism of injury was not provided. A 9/6/13 progress report indicated the patient complained of low back pain, 7/10, and occasional bilateral lower extremity numbness. Objective findings demonstrated tenderness in palpation in the L4-S5 region. Positive facet challenge bilaterally. He was diagnosed with HNP and facet atrophy of the lumbar spine. Treatment to date: Medication management and home exercise program. There is documentation of a previous 1/13/14 adverse determination, because Lidoderm, which contains lidocaine, was only approved for use for diabetic neuropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND: LIDOPRO TOPICAL OINTMENT 4 OZ #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALESICS Page(s): 111-112.

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended

for topical applications. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Active Ingredients of Lidopro are: Capsaicin 0.0325%, Menthol 10%, Lidocaine 4.5%, and Methyl Salicylate 27.5%. It is used for temporarily relieves minor aches and muscles pains associated with arthritis, simple back pain, strains, muscle soreness. However, this medication contain topical lidocaine in a cream formulation, which increases the risk of lidocaine toxicity. Topical lidocaine is only approved in a topical patch form, such as Lidoderm. Therefore, the request for Lidopro topical ointment 4 oz #1 is not medically necessary.