

Case Number:	CM14-0012192		
Date Assigned:	02/21/2014	Date of Injury:	10/15/2012
Decision Date:	08/07/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/30/2014

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 27-year-old male who has submitted a claim for chronic low back pain, rule out cervical radiculopathy, herniated nucleus pulposus of the right L5 root, and lumbar radiculopathy, associated with an industrial injury date of October 15, 2012. The medical records from 2013 through 2014 were reviewed, which showed that the patient complained of low back pain and numbness, tingling and pain into the lower extremities. The physical examination revealed decreased thoracic and lumbar spine range of motion. There was diminished sensation in the right C5, C6, C7, C8, L3, L4, L5 and S1 dermatomes. Motor strength was 5-/5 in the left deltoid, biceps, triceps, and internal and external rotators as well as the left psoas, quadriceps, evertors, and plantar flexors. 4+/5 strength in his right tibialis anterior was noted. Straight leg raise test was positive bilaterally. Lasegue's maneuver and slump tests were positive. Gait was ataxic with a normal heel and toe walk. The treatment to date has included chiropractic treatment, acupuncture, physical therapy, and medications, which include Tramadol ER 150 mg, Norco 5/325 mg, Flexeril 10 mg, Ketoprofen 75 mg, Prilosec 20 mg, and LidoPro topical ointment. Also, guidelines state that if a product contains at least one drug that is not recommended, the entire product is not recommended.

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: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical chapter; Salicylate Topicals chapter; Topical Analgesics chapter Page(s): 28; 105; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter: Topical Salicylates.

Decision rationale: According to pages 111-113 of the CA MTUS Chronic Pain Medical Treatment Guidelines, lidocaine (in creams, lotions, or gels) and capsaicin in a 0.0375% formulation are not recommended for topical applications. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. LidoPro lotion is composed of capsaicin, lidocaine, menthol, and methyl salicylate. The 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. The ODG Pain chapter states that the FDA has issued an alert in 2012 indicating that topical over the counter pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. In this case, the patient has been on Lidopro lotion since 11/15/13 however the records provided did not document failure or intolerance to first-line oral pain medications, which is what guidelines recommend. The rationale of using a topical cream is to reduce the pain and decrease the need for oral medications however guidelines state that any compounded product that contains at least one drug or drug class that is not recommended is also not recommended. LidoPro contains lidocaine which is not recommended for topical use. Furthermore, the request did not specify the amount to be dispensed. Therefore, the request for lidopro topical ointment 4 oz is not medically necessary.