

Case Number:	CM14-0116761		
Date Assigned:	08/04/2014	Date of Injury:	10/09/2013
Decision Date:	09/15/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/24/2014

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 and Washington. 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 35-year-old male who reported an injury after quickly leaning over to catch a load of garments weighing approximately 40 pounds that was fallen from his truck on 10/09/2013. The clinical note dated 05/20/2014 indicated diagnoses of lumbar spine HNP, lumbar radiculopathy, and lumbar spine facet arthropathy. The injured worker reported low back pain rated 5/10. The injured worker reported most of his pain is on the right side of his low back that he described occasionally as pins and needles sensation that radiated down his right leg down his posterior thigh. The injured worker reported prolonged sitting and walking increased his pain. The injured worker reported he was able to walk about a mile, then had increased pain. The injured worker reported he had a transforaminal epidural steroid injection on the right at L4 and L5 on 01/31/2014, which he reported helped decrease his leg symptoms by about 40%. However, he reported he was still feeling some benefit from the injection. The injured worker reported he had 24 visits for ongoing chiropractic therapy, which helped decrease his pain and allowed him to increase his activity level. The injured worker reported 12 sessions of physical therapy helped somewhat. The injured worker reported he took Norco, Elavil, and used the LidoPro cream, which helped decrease his pain by approximately 50%, and helped increase his walking distance by approximately 30 minutes. However, the injured worker reported having dry mouth. The injured worker reported he was unable to work full duty. On physical examination, the injured worker had palpation tenderness in the right lower lumbar facet regions; range of motion of the lumbar spine was decreased. The injured worker's treatment plan included a request for additional chiropractic treatment, new medications, and followup in 4 weeks. The injured worker's prior treatments included diagnostic imaging, epidural steroid injections, physical and chiropractic therapy, and medication mgmt. The injured worker's medication regimen included LidoPro topical ointment, hydrocodone/APAP, and Elavil. The

provider submitted a request for LidoPro topical ointment; and a Request for Authorization on 05/202/014 was submitted for LidoPro topical ointment. However, rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical lidocaine (Lidoderm) may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, there was a lack of evidence of a trial of first-line therapy. Moreover, LidoPro contains capsaicin. Capsaicin is only recommended when patients are nonresponsive or intolerant to other treatments. There is a lack of documentation of efficacy and functional improvement with the use of this medication. Additionally, the request for LidoPro topical ointment did not indicate a frequency or quantity. Therefore, the request for LidoPro topical ointment is not medically necessary and appropriate.