

Case Number:	CM14-0130449		
Date Assigned:	08/20/2014	Date of Injury:	08/03/2001
Decision Date:	10/03/2014	UR Denial Date:	08/02/2014
Priority:	Standard	Application Received:	08/15/2014

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 57-year-old male who has submitted a claim for status post lumbar fusion at L4-5 and L5-S1, herniated nucleus pulposus of the lumbar spine, left L4-5 lumbar radiculopathy, and lumbar facet arthropathy associated with an industrial injury date of 08/03/2001. Medical records from 01/26/2004 to 08/05/2014 were reviewed and showed that patient complained of low back pain graded 6/10 radiating down bilateral lower extremities. Physical examination revealed tenderness over lumbar paraspinal muscles, decreased lumbar ROM (range of motion), decreased sensation along left L5 and S1 dermatomal distribution, decreased MMT of left tibialis anterior, left extensor hallucis longus, and left foot invertor and evertor, intact DTRs of lower extremities, and positive SLR (straight leg raise) test on the left. MRI of the lumbar spine dated 08/07/2013 revealed degenerative disc disease and facet arthropathy with levoscoliosis and retrolisthesis, L3-4 and L5-S1 and L3-4 severe canal stenosis. EMG/NCS of bilateral lower extremities dated 07/10/2013 revealed left L4-5 radiculopathy. Treatment to date has included anterior fusion L4-5, L5-S1 (2002), 3 lumbar ESIs (dates not made available; DOS: 01/26/2004), bilateral transforaminal ESI at L4-5 (09/03/2013), bilateral facet medial branch block L3-4 (12/17/2013), Lidopro topical ointment 4oz. #1 (prescribed since 07/14/2014), and oral pain medications. Utilization review dated 08/02/2014 denied the request for Lidopro topical ointment 4oz #1 because there was little to no research to support the use of topical medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment 4oz #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Capsaicin, topical; Salicylate topicals.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylate

Decision rationale: Lidopro Ointment contains 4 active ingredients; Capsaicin in a 0.0325% formulation, Lidocaine in a 4.5% formulation, Menthol in a 10% formulation, and Methyl Salicylate in a 27.5% formulation. As stated on pages 111-113 of the 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. Topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. There is little to no research to support the use of Lidocaine for compounded products, and Lidocaine is not recommended for topical use. Regarding the capsaicin component, the guideline states there is no current indication that an increase over a 0.025% formulation would provide any further efficacy. ODG Pain Chapter issued an FDA safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where over-the-counter (OTC) topical muscle and joint pain relievers were applied. These products contain the active ingredients menthol, methyl salicylate, or capsaicin. In this case, the patient was prescribed Lidopro topical ointment 4oz. #1 since 07/14/2014. However, the topical use of lidocaine and 0.0325% formulation Capsaicin content are both not recommended by the guidelines. The guidelines clearly state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request for LidoPro topical ointment 4oz #1 is not medically necessary.