

<b>Case Number:</b>	CM14-0141045		
<b>Date Assigned:</b>	10/24/2014	<b>Date of Injury:</b>	09/25/2006
<b>Decision Date:</b>	12/03/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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:

Patient is a 53 year-old female with date of injury 09/25/2006. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/04/2014, lists subjective complaints as pain in the low back. Patient underwent an epidural steroid injection of the lumbar spine in January of 2014 and reported the pain decreased for a few weeks by about 50%. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the thoracic and lumbar paraspinal muscles and on the midline. Range of motion was diminished in extension and right and left lateral bending. Motor examination was 5/5 for bilateral upper and lower extremities. Straight leg raising test was positive bilaterally. Decreased sensation of the L4 and L5 dermatomes bilaterally. Hoffman's was positive bilaterally. Diagnosis: 1. Fibromyalgia 2. Cervical and lumbar radiculopathy 3. Bilateral wrist arthralgia, status post carpal tunnel release 4. Plantar fasciitis 5. Sleep disorder, depression, anxiety 6. Incontinence 7. Ongoing dental issues. The medical records supplied for review document that the patient had been taking the following medication for at least as far back as two months. Medication: 1. LidoPro Ointment (quantity unknown).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-L4 Transforaminal Epidural Steroid Injection:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 46.

**Decision rationale:** According to the MTUS, several diagnostic criteria must be present to recommend an epidural steroid injection. The most important criteria are that radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. There is documentation in the medical record that the patient obtained significant relief with her last lumbar epidural steroid injection. Although the record is not specific in regard to the length of time she obtained pain relief or specific functional improvement, the improvement was at least 50% and the time period was numbered in weeks; the medical record also states that the patient was able to go back to her normal lifestyle after the injection, which is clearly an improvement in functional capacity. L4-5 Transforaminal Epidural Steroid Injection is medically necessary.

**LidoPro Ointment (quantity unknown):** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

**Decision rationale:** Lidopro ointment is a compounded medication which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the Chronic Pain Medical Treatment Guidelines, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. LidoPro Ointment (quantity unknown) is not medically necessary.