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| Case Number: | CM14-0043628 | | |
| Date Assigned: | 07/02/2014 | Date of Injury: | 01/31/2013 |
| Decision Date: | 09/29/2014 | UR Denial Date: | 03/13/2014 |
| Priority: | Standard | Application Received: | 04/10/2014 |

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. 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 41 year old male who was injured on 01/31/2013. The mechanism of injury is unknown. Prior medication history included Neurontin, Protonix, Vicodin, Flexeril, Naproxen, Tramadol and LidoPro cream. Prior treatment history has included back brace, hot and cold packs and TENS. The MRI of the lumbar spine revealed L3-S1 stenosis and disc disease; EMG/NCV of upper lower extremities revealed radiculopathy from C5-C8 and lumbar radiculopathy from L4-S1. Progress report dated 03/26/2014 documented the patient to have complaints of low back pain rated as 9/10. He uses Vicodin and tramadol for the pain which he stated is helpful. He has numbness in the neck, low back, as well as the right fourth and fifth digits and extends to bilateral lower extremities as well as feet. He uses Gabapentin which also helps. Objective findings on exam revealed neck extension to 25 degrees and flexion to 25 degrees; lumbar extension to 20 degrees and flexion to 45 degrees. He is diagnosed with polyradiculopathy at L4-L5 and L3-L4; discogenic lumbar condition with disc disease from L3-S1; thoracic spine disc disease from T2-T10. He is recommended LidoPro lotion 4 ounces to use for pain in combination with oral medications. Prior utilization review dated 03/13/2014 states the request for LidoPro Cream 4oz. bottle 99070 is denied topical analgesics are experimental in use and lack of evidence demonstrating efficacy and safety.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Cream 4oz. bottle 99070: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

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

Decision rationale: LidoPro contains capsaicin, lidocaine, menthol and methyl salicylate. According to the CA MTUS guidelines, topical analgesics are an option with specific indications, many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Topical Analgesics "Lidocaine" is 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). Topical Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.