MAXIMUS Federal Services

Case Number:	CM14-0044877		
Date Assigned:	07/02/2014	Date of Injury:	03/29/2013
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/11/2014

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 Illinois. 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 51-year-old male who reported an injury on 03/29/2013. The injury reportedly occurred from having to wear a heavy duty belt and vest, as well as altercations with suspects which occurred while working as a police officer. His diagnoses include multilevel disc herniations of the lumbar spine with neural foraminal narrowing, facet arthropathy of the lumbar spine, and lumbar radiculopathy. His past treatments were noted to include use of a load-bearing bulletproof vest, 18 visits of physical therapy, and acupuncture treatment. On 01/08/2014, the injured worker presented with complaints of low back pain, rated 4/10, with occasional numbness down his right posterior thigh. The physical examination was noted to reveal decreased sensation in an L5 and S1 distribution on the right lower extremity, slightly decreased motor strength in the right lower extremity to 5-/5, and positive bilateral straight leg raising. His medications were noted to include Celebrex, naproxen, and tramadol. The treatment plan included continued acupuncture, consideration for medial branch blocks, continued full duty work, and LidoPro cream. The specific rationale and request for authorization form for the request were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro review for Lidopro ointment: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medication and NSAIDs, GI symptoms & cardiovascualr risk, topical

capsaicin, topical transdermal aesthetic creams/gels, and topical analgesics sections Page(s): 22, 29-30, 67-68, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines, pain chapter.

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

Decision rationale: The request is not medically necessary. According to the California MTUS Guidelines, LidoPro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. According to the California MTUS Guidelines, topical analgesics are largely experimental in use with limited evidence demonstrating efficacy and safety and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The Guidelines also stated that a compounded product that contains at least 1 drug that is not recommended are not recommended. The Guidelines specifically state that topical capsaicin is only recommended as an option in patients who have not responded to or are intolerant to other treatments. In addition, there have been no studies showing that a formulation greater than 0.025% would provide further efficacy. The documentation did not provide sufficient evidence of an intolerance or lack of response to first line treatments in order to warrant the use of topical Capsaicin. Moreover, the 0.0325% formulation included in LidoPro exceeds the recommendation of 0.025%. In regards to Lidocaine, the Guidelines state topical Lidocaine is only recommended in the formulation of the Lidoderm patch to treat neuropathic pain and other commercially approved products, including creams, are not recommended. According to the Guidelines, Methyl Salicylate is recommended as it has been shown to be better than placebo for chronic pain. The clinical information submitted for review indicated that the injured worker has chronic low back pain that is neuropathic in nature with radiating symptoms down the right lower extremity. He was noted to be utilizing NSAIDs and pain medications as needed; however, the documentation did not indicate whether he has tried and failed antidepressants and anticonvulsants. In the absence of this information, topical analgesics are not supported. In addition, as the requested topical compound contains Capsaicin and Lidocaine cream, which are not supported by the guidelines, the requested compounded product is also not recommended. As such, the request is not medically necessary.