

Case Number:	CM14-0053017		
Date Assigned:	07/07/2014	Date of Injury:	05/07/2013
Decision Date:	08/22/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/21/2014

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 injured worker is a 32-year-old male who reported an injury on 05/07/2013. The mechanism of injury was noted to be continuous trauma. His diagnoses include lower back pain, upper and lower extremity pain, and lumbar or thoracic neuritis or radiculitis. His past treatments included medications, topical analgesics, use of a TENS unit, and a home exercise program. On 03/13/2014, the injured worker presented with complaints of low back pain with radiation to the bilateral lower extremities, rated 8 out of 10. It was noted that he reported that his pain was controlled with the use of his medications and topical analgesia. His physical examination revealed reduced range of motion in the lumbar spine and reduced strength and sensation in the left lower extremity. His medications were noted to include Naproxen, Tramadol, Omeprazole and Lidopro ointment. The treatment plan included medication refills, continued participation in a home exercise program and utilization of a TENS unit, and an epidural steroid injection. The rationale for the requested Lidopro topical compound was not specified in the clinical notes. The Request for Authorization form was submitted on 03/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical compound for the lumbar spine: Upheld

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

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

Decision rationale: 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 further state that topical compounds that contain at least one drug that is not recommended are also not recommended. LidoPro lotion is noted to include Capsaicin 0.0325%, Lidocaine 4.5%, Mentol 10% and Methyl Salicylate 27.5%. In regards to Capsaicin, the guidelines state that topical Capsaicin is only recommended for patients who have not responded or are intolerant to other treatments and when applicable, dosing is not recommended over a 0.025% formulation. The clinical information submitted for review failed to provide adequate documentation regarding previous treatments that the patient did not tolerate or did not respond to in order to warrant use of topical Capsaicin. In addition, LidoPro contains a 0.0325% formulation, which exceeds the guideline for recommendation. In regards to Lidocaine, the guidelines state that topical Lidocaine is only recommended in the formulation of Lidoderm patch to treat neuropathic pain and other commercially approved products such as creams and lotions are not supported. Therefore, as the topical compound being requested contains Capsaicin and Lidocaine, which are not supported, the topical compound is also not supported. As such, the request is not medically necessary.