

Case Number:	CM14-0081806		
Date Assigned:	07/18/2014	Date of Injury:	03/24/2010
Decision Date:	09/09/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/02/2014

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 42-year-old female with a reported injury on 03/24/2010. The mechanism of injury was the injured worker was working as a delivery driver and she was lifting truck parts weighing about 30 pounds and she started feeling low back pain. Her diagnoses included lumbar disc herniation, lumbar radiculopathy, and lumbar facet arthropathy. The previous treatments included medial branch blocks, chiropractic therapy, and acupuncture, which she reported helped temporarily. She has had previous epidural steroid injections, which she reported did not help at all. She has had the use of a TENS unit, which she did state decreased her pain. The injured worker had an orthopedic comprehensive review examination on 06/16/2014. She reported that the LidoPro topical ointment did not help to decrease her pain level. She described her pain of her back, leg, her neck, and arm at a level of 7 to 8 out of 10. She reported that using the LidoPro cream did not help her to take fewer oral medications and did not help her level of function. She did report, though, that it did help her headaches at times but does not help her back pain at all. She did report that she does have some stomach pain and some nausea and vomiting, but she contributed could be caused due to her migraine headaches. The injured worker reported to have numbness, tingling, burning, and pain that radiates down both lower extremities to her feet. She also reported symptoms of pain radiating up to her neck and upper back and into both of her upper extremities. Upon examination, it was revealed that she had tenderness to palpation bilaterally over the lower lumbar facet region and that her lumbar spine range of motion was decreased in all planes. Her lumbar extension was significantly limited because of increased pain. Her medications list included Gabapentin, Flexeril, the topical LidoPro cream, Rizatriptan, Clonazepam, Citalopram, Promethazine, Trazodone, and Propranolol. The recommended plan of treatment was for the

injured worker to live with her pain, or do physical therapy, more chiropractic therapy, multiple pain management techniques, injections, and surgery. She was prescribed Norflex ER and Neurontin, and she was given refills of her medications. The Request for Authorization and the rationale for the LidoPro topical ointment were not provided.

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, Lidocaine Indication Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topical, Topical Analgesic, page(s) 105,111-113 Page(s): 105,111-113.

Decision rationale: The request for the LidoPro topical ointment 4oz is not medically necessary. The California MTUS Guidelines state that salicylate topicals are significantly better than placebo in chronic pain. The California MTUS guidelines do not recommend any compounded product that contains at least 1 drug or drug class that is not recommended. The ingredients of LidoPro cream include Capsaicin, Lidocaine, and Methyl Salicylate. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available as a 0.025% formulation. Capsaicin is recommended for the indication of osteoarthritis, fibromyalgia, and nonspecific back pain. The guidelines note Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first line therapy of a tricyclic or antidepressant. The directions do not specify what percentage or dose of the Capsaicin is applied. The injured worker does not have osteoarthritis. She does have specific lumbar disc herniation, radiculopathy, and facet arthropathy. There is no evidence that tricyclic or antidepressant has been tried and failed. No other commercially approved topical formulations of Lidocaine, other than Lidoderm, (whether creams, lotions or gels) are indicated for neuropathic pain. As the medication contains a component which is not recommended, the medication would not be recommended. The injured worker reported that the LidoPro topical ointment was not helpful to decrease her pain level, did not help her to sleep better, and did not allow her to take fewer oral medications. It did not help her level of function therefore, the request for the LidoPro Topical Ointment is not medically necessary.