

Case Number:	CM14-0083622		
Date Assigned:	07/21/2014	Date of Injury:	05/23/2013
Decision Date:	10/08/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 & Rehabilitation, has a subspecialty in Pain Management 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 33-year-old male who reported an injury on 05/23/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 05/01/2014 indicate a diagnoses of degenerative disc disease and facet arthropathy with retrolisthesis L4-5 and L5-S1, canal stenosis includes L4-5 mild to moderate canal stenosis, neural foraminal narrowing includes L3-4 caudal left, L4-5 mild to moderate left and moderate right and L5-S1 moderate bilateral neural foraminal narrowing, and dextroscoliosis. The injured worker reported low back pain rated 4/10 to 9/10 that was constant. The injured worker reported he had numbness on the right side greater than the left inferior boarder of the scapula to the midlumbar spine, lateral to the midline paraspinal musculature. The injured worker reported pain worsened with activity. The injured worker reported he was hardly able to pick up his 17 month old daughter without having excruciating pain throughout the spine. The injured worker described a pulling sensation in his med and lower back, and complained of sciatica pain in his right leg to his ankle. The injured worker described the pain as tingling and weakness in his right leg. The injured worker reported he was currently using Sombra and cannabis for pain, which helped to decrease his pain and allow him to sleep through the night. On physical examination, the injured worker ambulated with a slightly antalgic gait; however, he did have a normal heel and toe walk. The injured worker had tenderness to palpation in his left lumbar spine, mostly in his right paraspinal musculature, and his left sciatica joint. The injured worker's range of motion was decreased in all planes of the lumbar spine and limited by pain. The injured worker's treatment plan included follow-up in 6 weeks. The injured worker's prior treatments included diagnostic imaging and medication management. The injured worker's medication regimen included Tramadol, Naproxen, Flexeril, Sombra, and Cannabis. The provider submitted a request for

LidoPro cream. A Request for Authorization dated 04/08/2014 was submitted for LidoPro cream; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro cream #1: Upheld

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

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

Decision rationale: The request for LidoPro cream #1 is not medically necessary. LidoPro is a topical analgesic containing capsaicin / Lidocaine / menthol / methyl salicylate. The California MTUS guidelines indicate that topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. It was not indicated if the injured worker had tried and failed antidepressants and anticonvulsants. In addition, Capsaicin is recommended as an option for patients who have not responded or are intolerant to other treatments. It was not indicated if the injured worker had not responded or was intolerant to other treatments. Moreover, Lidocaine is recommended in the formulation of the dermal patch Lidoderm. Therefore, Lidocaine is not recommended. Per the guidelines, any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Furthermore, the provider did not indicate a rationale for the request. Additionally, the request does not indicate a frequency or dosage for the LidoPro cream. Therefore, the request is not medically necessary.