

Case Number:	CM14-0096004		
Date Assigned:	07/25/2014	Date of Injury:	03/24/2010
Decision Date:	08/28/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/24/2014

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 Medicine and is licensed to practice in Texas and Oklahoma. 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 who reported an injury on 03/24/2010. The mechanism of injury was not provided. The injured worker has diagnoses of extension based low back pain and chronic pain syndrome. Past treatments included home exercise, medications, included 35 visits of chiropractic care 24 sessions of acupuncture, epidural injection in 2011 and on 03/17/2014, and TENS unit at home. Diagnostic studies included an MRI of the lumbar spine on 12/12/2013. There was no surgical history provided. Upon examination on 04/29/2014, the injured worker complained of low back pain. She rated the pain at 8 out of 10. The pain radiated down the legs bilaterally to the feet and is accompanied by a burning sensation. The left leg was worse than the right. The injured worker had decreased pain with medications, but it was noted that they were not strong enough to adequately control the pain. The injured worker had burning with urination. The lumbar spine exam revealed tenderness to palpation bilateral lumbar midline and paraspinals regions. Range of motion was decreased in all planes. The Slump test was positive. Medications included gabapentin 600 mg twice a day for neuropathic pain, Flexeril 7.5 mg every 12 hours as needed for spasms and topical LidoPro cream. The injured worker is scheduled for a medial branch block bilaterally in L4-L5 and L5-S1 on 05/09/2014. The treatment plan is for LidoPro topical ointment 4 ounces. The rationale was not provided. The request for authorization was dated 04/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4oz: 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 Salicylate topicals, Topical Analgesic Page(s): 105, 111-113.

Decision rationale: The request for Lidopro topical ointment 4oz is not medically necessary. The California Medical Treatment Utilization Schedule guidelines state topical analgesics are largely experimental in the use with few randomized controlled trials to determine efficacy or safety, and are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines also state that compounded products that contain at least one drug that is not recommended are not recommended. The ingredients of Lidopro include Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. According to the guidelines, methyl salicylate is recommended as it has been shown to be better than placebo for chronic pain. In regard to capsaicin, the guidelines state topical capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The guidelines also state 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. Additionally, the guidelines do not support a 0.0325% formulation. In regard to lidocaine, the guidelines state topical lidocaine, to treat neuropathic pain, is only recommended in the formulation of the Lidoderm patch and other commercially approved products, including creams, are not recommended. The injured worker was shown to have neuropathic pain with radiating symptoms in her bilateral lower extremities. She was noted to be taking gabapentin for neuropathic pain. However, the documentation did not provide evidence that the injured worker had tried and failed antidepressants or other anticonvulsants prior to use of topical analgesics. Therefore, the use of topical analgesics is not supported. Moreover, while methyl salicylate is recommended for chronic pain, the requested topical compound also contains capsaicin and lidocaine cream, which are not supported by the guidelines. Therefore, as the requested compounded product contains ingredients that are not recommended, the topical compound is also not supported. Furthermore, the request failed to provide a frequency and instructions for use, including the body part the ointment is to be applied to. For these reasons, the request for Lidopro Topical Ointment 4oz is not medically necessary.