

Case Number:	CM14-0099226		
Date Assigned:	07/28/2014	Date of Injury:	05/14/2011
Decision Date:	11/07/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/27/2014

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 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 43 year old female with a date of injury on 5/14/2011. As per the report of 4/3/14, she complained of neck, mid, and low back pain, which she rated at 7-9/10. She reported radiation of numbness and tingling down her right arm into her hand, as well as down her right leg into her foot with associated weakness. She noted her pain continued to increase. The exam revealed slightly antalgic gait; tender to palpation over the cervical and thoracic and lumbar paraspinal spasm on the right; decreased range of motion of the cervical and lumbar spines in all planes; and decreased sensation in C5, 6, 7 and 8 dermatomes and in L4-5 and S1 dermatomes on the right. The motor exam was 4+/5 in the right deltoids, biceps, internal, and external rotators, and wrist extensors and flexors, 4/5 in the right extensor hallucis longus, inversion, plantar flexion and eversion, and 4+/5 on the right tibialis anterior. The straight leg raising test on the right reproduced pain in the foot. There was positive slump test on the right and no surrounding erythema. The lumbar spine magnetic resonance imaging dated 7/12/12 revealed bilateral L4-5 and L5-S1 neuroforaminal narrowing. The cervical spine magnetic resonance imaging dated 08/09/11 revealed degenerative disc disease with reversal of the cervical lordosis with C4-6 mild canal stenosis and degenerative disc disease and focal protrusions of the proximal thoracic spine including T1-T6. The electromyogram of the upper and lower extremities dated 7/5/11 revealed bilateral median neuropathy of the wrist. She is currently on Norco, Flexeril, and LidoPro cream. She has had transforaminal epidural steroid injection at L4-5 on 1/9/14 and reported that she felt she was going to have a heart attack and experienced prickling sensation spreading throughout her body. She has had 24 sessions of acupuncture therapy, which did not help her pain. She completed 20 visits of chiropractic treatment with minimal benefit. She has been taking LidoPro cream since at least 10/3/13. Her diagnoses include multilevel herniated nucleus pulposus of the cervical, thoracic, and lumbar

spine with stenosis, cervical and lumbar radiculopathy, stress incontinence, and depression and stress. The request for LidoPro ointment was denied on 06/04/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Ointment: Upheld

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

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

Decision rationale: LidoPro contains capsaicin, lidocaine, menthol, and methyl salicylate. According to the Chronic Pain Medical Treatment Guidelines, topical analgesics are an option with specific indications; many agents are compounded as monotherapy or in combination for pain control. There is little to no research to support the use of many of these agents. Capsaicin is recommended only as an option in workers who have not responded or are intolerant to other treatments. Lidocaine indicated in neuropathic pain and is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or serotonin norepinephrine reuptake inhibitors anti-depressants or an antiepileptic drugs such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the Food and Drug Administration for neuropathic pain. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The Chronic Pain Medical Treatment Guidelines states that the only nonsteroidal anti-inflammatory drugs that is Food and Drug Administration approved for topical application is diclofenac (Voltaren 1% Gel). Per the guidelines, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Therefore, the request is not medically necessary according to the guidelines.