

Case Number:	CM13-0053983		
Date Assigned:	01/03/2014	Date of Injury:	07/28/2012
Decision Date:	01/26/2015	UR Denial Date:	10/12/2013
Priority:	Standard	Application Received:	10/25/2013

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 Neurology, has a subspecialty in Clinical Neurophysiology and is licensed to practice in Virginia. 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:

According to the records made available for review, the injured worker is a 32-year-old male with a date of injury of 28 July, 2012. The mechanism of injury was not clarified in the medical records. There is a clinical note dated 6 September, 2013 which states that the patient complained of low back pain on a scale of 4/10. He noted numbness and tingling in bilateral lower extremities at that time. There is an EMG/NCS study documented in the records of bilateral lower extremities dated 03 January, 2013 which was a normal study. There is an MRI of the lumbar spine documented in the record dated 01 April, 2013. This showed an L4-L5 disc abnormality with central disc extrusion and facet arthropathy resulting in severe canal stenosis and mild left neural foraminal narrowing. There is documentation of trans-foraminal epidural steroid injections at the bilateral L4 and L5 levels dated 29 October, 2013. There is a clinical note dated 27 December 2013. This note states that the patient continues to have stabbing low back pain. He states that the injection provided 70% relief of his pain in the lower extremities and that he reported a significant increase in function. He states that the numbness and tingling in the lower extremities had resolved since the time of the trans-foraminal epidural steroid injections. He continues with a home exercise program. His low back pain on this clinical note is rated at a level of 2/10. He has increased pain with activity. Chiropractic treatment did not provide any benefit. Acupuncture provided some relief. On exam, the patient is alert and oriented. His gait is mildly antalgic. There is tenderness to palpate the lumbar paraspinal muscles bilaterally. Range of motion of the lumbar spine is decreased in all planes. Sensation is intact in bilateral lower extremities. Strength is 5 minus out of 5 in bilateral tibialis anterior and bilateral extensor hallucis longus. The rest of the motor exam is 5 out of 5 throughout the lower extremities. He was diagnosed with a lumbar radiculopathy, multilevel degenerative disc disease,

multilevel herniated nucleus pulposus of the lumbar spine, L4-L5 facet arthropathy with central stenosis, and L4-L5 left neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Ointment 4 Oz: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 56.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommend topical analgesics as an option for treatment for chronic pain but their uses are largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for the treatment of neuropathic pain when trials of antidepressants and anticonvulsant medications have failed. Medications are compounded as monotherapy or as combination medications to control pain. There is little to no research to support the use of many of these compounded agents. The guidelines further state that any compounded product that contains at least one drug that is not recommended is not recommended. The use of any compounded agents requires knowledge of the specific analgesic effect of the change in and how it will be useful for the specific therapeutic goal required. In the case submitted for review, the use of Lidopro topical ointment is requested for approval. One of the active ingredients in this ointment is Methyl Salicylate. MTUS Chronic pain guidelines state that the efficacy of this treatment modality (NSAIDs) has been inconsistent in most studies and the investigations are small and of short duration. NSAIDs have been shown in a meta-analysis to be superior to placebo only during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with diminishing effect over another 2 week period. The duration of the pain for the injured worker described above is longer than the time described for this medication to be effective. Furthermore, there is no clarification in the records which describes past trials of other potential medications or descriptions of their effectiveness to treat the injured worker's pain. Therefore, according to the guidelines and the review of the evidence, the request for Lidopro topical ointment (4 oz) is not medically necessary.