

Case Number:	CM14-0070219		
Date Assigned:	07/14/2014	Date of Injury:	01/27/2011
Decision Date:	02/06/2015	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/15/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 43-year-old male with an injury date of 01/27/2011. The 11/07/2013 report indicates that the patient has low back pain which he rates as a 1/10. He has some "tiredness at the end of a workweek." He describes his pain as being a dull constant ache. The 01/30/2014 report states that the patient rates his low back pain as a 1/10. He has tenderness to palpation which is fairly diffuse in his lumbar spine mostly in bilateral paraspinal musculature. He has limited range of motion of his lumbar spine through all planes. He has a decreased sensation of the S1 dermatome bilaterally. The 03/24/2014 report states that the patient continues to have low back pain which he rates as a 1/10. No new exam findings were provided. The patient's diagnoses include the following: Multilevel disk herniations of the lumbar spine, most significant at L5-S1 with moderate to severe neuroforaminal narrowing. Bilateral L5 pars defects. Retrolisthesis at L3-L4 and L4-L5, and grade 1 spondylolisthesis at L5-S1. The utilization review determination being challenged is dated 05/02/2014. There were three treatment reports provided from 11/07/2013, 01/30/2014, and 03/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment Cream 40oz: Upheld

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

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

Decision rationale: Based on the 03/24/2014 progress report, the patient presents with low back pain which he rates as a 1/10. The request is for Lidopro Topical Ointment Cream 40 Oz. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least 1 (or a drug class) that is not recommended is not recommended." In this case, the patient presents with low back pain with occasional weakness in his legs when walking extended distances. He has tenderness to palpation which is fairly diffuse in his lumbar spine, mostly in bilateral paraspinal musculature. He has limited range of motion in his lumbar spine throughout all spines. The patient also has a decreased sensation in S1 dermatome bilaterally. MTUS Guidelines do not allow any other formulation lidocaine other than in patch form. In this case, Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Since lidocaine is not indicated for this patient, the entire compound is not recommended. Therefore, the requested LidoPro topical ointment is not medically necessary.