

Case Number:	CM14-0086057		
Date Assigned:	07/23/2014	Date of Injury:	09/06/2011
Decision Date:	03/20/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/09/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on 9/06/2011. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy, bilateral wrist flexor tendonitis, bilateral shoulder impingement, bilateral knee traumatic chondromalacia patella, and right shoulder partial interstitial tear. Treatment to date has included conservative measures. Currently, the injured worker complains of neck and low back pain. Back pain was rated 3-5/10, neck pain was rated 4/10, and arm pain was rated 3/10. His gait was mildly antalgic. Decreased range of motion in the cervical, thoracic, and lumbar spines, in all planes, was noted. Decreased sensation, right C6, C7, and C8, dermatomes was noted. 4/5 strength was noted in the right deltoid, biceps, internal rotator, and external rotator. A magnetic resonance imaging report of the cervical spine (2/17/2012) was referenced as showing degenerative disc disease with facet arthropathy and retrolisthesis, C4-C5. A magnetic resonance imaging report of the lumbar spine (2/17/2012) was referenced as showing degenerative disc disease with facet arthropathy and retrolisthesis, L4-L5.

Electromyogram/nerve conduction studies were referenced as showing evidence of L4-L5 radiculopathy. Current medications included Elavil 25mg daily at bedtime as needed, Docuprene as needed for constipation, and he used Terocin cream. He stated that Terocin "works like a miracle". On 5/27/2014, Utilization Review non-certified a request for LidoPro topical ointment 4oz #4, noting the lack of compliance with MTUS Chronic Pain Medical Treatment Guidelines

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 # 4: Upheld

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

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

Decision rationale: The patient presents with back pain, neck pain, and arm pain. The request is for LIDOPRO TOPICAL OINTMENT 4 oz #4. It appears that this is the initial request for this medication. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical cream, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. MTUS further states, Any compounded product that contains at least 1 (or 1 drug class) that is not recommended is not recommended. MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. MTUS Guidelines do not recommend a compounded product if 1 of the compounds are not indicated for use. Since lidocaine is not indicated for this patient, a non-patch form, the entire compound is not recommended. Therefore, the request of LidoPro lotion IS NOT medically necessary.