

Case Number:	CM15-0106883		
Date Assigned:	06/11/2015	Date of Injury:	03/23/2012
Decision Date:	07/13/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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 57 year old male, who sustained an industrial injury on March 23, 2012. He reported a pop and sharp pain in his low back. Treatment to date has included epidural steroid injection, MRI of the lumbar spine, medications, and activity restrictions. Currently, the injured worker complains of low back pain. He reports difficulties with standing, sitting and walking and describes his pain as sharp and burning. He has associated radiation of pain into the left leg and increased leg weakness. He rates his pain a 5 on a 10-point scale and notes that the pain is aggravated with activity. The evaluating physician notes that the injured worker stopped using NSAIDs due to renal issues and has noticed an increase in low back pain. On physical examination the injured worker has a limited range of motion and exhibits tenderness to palpation over the bilateral lumbar paraspinal muscles consistent with spasms. He exhibits a negative lumbar facet loading maneuver bilaterally and has positive straight leg raise test on the left. The diagnosis associated with the request is displacement of lumbar intervertebral disc without myelopathy. The treatment plan includes LidoPro gel and the evaluating physician notes that the injured worker is unable to use oral medications due to a kidney condition.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro analgesic gel 121 ml: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, pages 111-113.

Decision rationale: Chronic symptoms and clinical findings remain unchanged with medication refilled. The patient exhibits diffuse tenderness and pain on the exam to the spine and extremities with radiating symptoms. The chance of any type of topical improving generalized symptoms and functionality significantly with such diffuse pain is very unlikely. Topical Lidocaine is indicated for post-herpetic neuralgia, according to the manufacturer. There is no evidence in any of the medical records that this patient has a neuropathic source for the diffuse pain. Without documentation of clear localized, peripheral pain to support treatment with Lidocaine along with functional benefit from treatment already rendered, medical necessity has not been established. There are no evidenced-based studies to indicate efficacy of capsaicin 0.0325% formulation and that this increase over a 0.025% formulation would provide any further efficacy over oral delivery. Although there is noted inability to use oral medications due to kidney condition, there is no specific symptom complaints, clinical findings, diagnostic laboratory results or identified renal insufficiency. Additionally, there are evidence-based published articles noting that topical treatment with NSAIDs (ketoprofen) and other medications can result in blood concentrations and systemic effects comparable to those from oral treatment. It was advised that topical non-steroidal anti-inflammatory drugs should be used with the same precautions as other forms of the drugs in high-risk patients, especially those with reduced drug metabolism as in renal failure. The Lidopro analgesic gel 121 ml is not medically necessary and appropriate.