

Case Number:	CM15-0132026		
Date Assigned:	07/20/2015	Date of Injury:	01/29/2010
Decision Date:	08/20/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	07/08/2015

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: New York

Certification(s)/Specialty: Emergency Medicine

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 51-year-old male, with a reported date of injury of 01/29/2010. The mechanism of injury was the lifting of a heavy beam. The injured worker's symptoms at the time of the injury included low back pain, numbness and tingling of the left leg, with subjective weakness of both legs. The diagnoses include low back pain, lumbar facet arthritis, myofascial spasms, lumbar facet pain syndrome, and L2-3 extrusion. Treatments and evaluation to date have included physical therapy, transforaminal epidural steroid injection at left L2 and L4, oral medications, and bilateral lumbar facet cortisone block. The diagnostic studies to date have included an MRI of the lumbar spine on 08/18/2011, 11/20/2013, and 03/18/2014. The medical report dated 01/20/2015 indicates that the MRIs showed thecal sac indentation, mild disc bulge without stenosis, disc protrusion, minor disc bulge, extrusion with mild superior arthritis, mild disc bulge, bulge with mild foraminal stenosis, facet hypertrophy, multilevel desiccation with mild loss of height at L2-3 through L5-S1, and extrusion extending superiorly to L2. The progress report dated 01/20/2015 indicates that the injured worker's pain had flared-up over the past three weeks, likely due to the weather. The injured worker had severe low back pain with radiation to the bilateral lower extremities, greater on the left. The objective findings include tenderness to palpation of low back and bilateral piriformis muscles with radiation down the legs, minimal range of motion of the low back, pain worsened with range of motion, negative bilateral straight leg raise test, negative bilateral Patrick's and Faber's test, and 2+ bilaterally and symmetric. The treating physician stated that it was not believed that the injured worker could return to work as his pain prevents him from engaging in his previous activities. The plan was to assist the injured worker in his efforts for obtaining state disability. The injured

worker has been instructed to remain off work, and had a status of temporary totally disabled. The treating physician requested Lidopro cream, two tubes, 240 grams (date of service: 01/20/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro cream, 2 tubes, 242 grams (Date of service: 01/20/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals and Topical Analgesics Page(s): 105 and 111-113.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that topical analgesics are "primarily recommended for neuropathic pain when trials of antidepressants and anti-convulsants have failed." They are "largely experimental in use with few randomized controlled trials to determine effectiveness or safety." There was no evidence of a trial of an antidepressant or anticonvulsant as first-line therapy had failed. It was documented that the injured worker had been taking Celexa, which is an antidepressant. It was noted that the benefit was good, and there were no side effects. It was also noted that the Fentanyl patch caused nausea. Lidopro cream is a combination of Capsaicin, Lidocaine, Menthol, and Methyl salicylate. The MTUS states that Capsaicin is only recommended when other conventional treatments have failed. There was documentation that the injured worker participated in physical therapy and received a lumbar epidural steroid injection with minimal relief of pain. The guidelines state that topical lidocaine, only in the form of the Lidoderm patch, is indicated for neuropathic pain. Topical lidocaine other than Lidoderm is not recommended per the MTUS. The form of lidocaine requested in this case is not Lidoderm. The MTUS guidelines do not address Menthol. Salicylate topicals are recommended by the MTUS. The guidelines indicate that topical salicylate is much better than a placebo in chronic pain. According to the MTUS, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." Therefore, the request for Lidopro cream is not medically necessary.