

Case Number:	CM15-0148269		
Date Assigned:	08/12/2015	Date of Injury:	07/27/2009
Decision Date:	09/09/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	07/30/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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:

This 35 year old male sustained an industrial injury on 7-27-09. He subsequently reported back pain. Diagnoses include myofascial pain syndrome and lumbosacral radiculopathy. Treatments to date include home exercise program. The injured worker continues to experience low back pain. Upon examination, the injured worker has pain in the back and numbness in the right leg. Spasms are noted in the back and buttocks. Positive spasm is noted in the right lumbar spine paraspinal muscles. Lumbar range of motion is reduced. Positive straight leg raise is noted on the right. A request for Lidopro 4% ointment 121 grams with 2 refills and urine drug screening was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 4% ointment 121 grams with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Topical analgesics.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, LidoPro 4% ointment #121 g with two refills is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the worker's working diagnoses are myofascial pain syndrome; strain lumbar spine; and lumbosacral radiculopathy right. Date of injury is July 27, 2009. The request for authorization is dated July 16, 2015. The documentation indicates a urine drug screen was noncertified with the denial upheld April 7, 2015. There is an April 15, 2015 urine drug screen print out. On April 15, 2015, the treating provider prescribed Lidopro for the first time. According to a July 15, 2015 progress note, the medication list does not contain opiates. Current medications include Omeprazole, Flexeril, Neurontin, Voltaren XR, and Lidopro. There is no documentation demonstrating objective functional improvement to support ongoing Lidopro. Capsaicin 0.0325% is not recommended. Lidocaine 4.5% in non-Lidoderm form is not recommended. Any compounded product that contains at least one drug (Capsaicin 0.0325% and lidocaine and non-Lidoderm form, that is not recommended is not recommended. Consequently, LidoPro 4% ointment is not recommended. Based on clinical information the medical record and the peer-reviewed evidence-based guidelines, LidoPro 4% ointment #121 g with two refills is not medically necessary.

Urine drug screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Urine drug testing.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine drug screen Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, urine drug screening is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances for busy were not can, and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse

or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction / aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the worker's working diagnoses are myofascial pain syndrome; strain lumbar spine; and lumbosacral radiculopathy right. Date of injury is July 27, 2009. The request for authorization is dated July 16, 2015. The documentation indicates a urine drug screen was noncertified with the denial upheld April 7, 2015. There is an April 15, 2015 urine drug screen print out. On April 15, 2015, the treating provider prescribed Lidopro for the first time. According to a July 15, 2015 progress note, the medication list does not contain opiates. Current medications include Omeprazole, Flexeril, Neurontin, Voltaren XR, and Lidopro. There is no documentation indicating aberrant drug-related behavior, drug misuse or abuse. Additionally, the injured worker has not prescribed nor is the injured worker taking opiates. There is no clinical rationale for a urine drug toxicology screen. Additionally, the urine drug screen dated April 15, 2015 was present in the medical record. There were no inconsistencies noted on the urine drug screen and no medications were declared. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and documentation indicating aberrant drug-related behavior, drug misuse or abuse, urine drug screening is not medically necessary.