

Case Number:	CM15-0184315		
Date Assigned:	09/24/2015	Date of Injury:	08/14/2010
Decision Date:	10/30/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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:

The injured worker is a 53-year-old male, who sustained an industrial injury on 8-14-2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbosacral joint ligament sprain-strain, thoracic sprain-strain, and left sided lumbosacral or thoracic neuritis or radiculitis. On 8-15-2015, the injured worker reported constant low back pain rated 5 out of 10 radiating down the bilateral lower extremity. The Primary Treating Physician's report dated 8-15-2015, noted the injured worker's pain was improved temporarily with the current medications listed as Norco, Cyclobenzaprine, Omeprazole, and LidoPro cream. The injured worker was noted to have no gastrointestinal (GI) irritation, and no gastrointestinal (GI) side effects from medications since starting the Omeprazole. The injured worker's pain control was noted to be helped by medications, home exercise program (HEP), ice-heat therapy, and TENS unit, with pain noted to decrease to 3 out of 10 with treatments and increased to 6-7 out of 10 without, unchanged since the 6-3-2015, and 7-10-2015 visits. The injured worker was noted to be currently unemployed. The physical examination was noted to show spasms and tenderness throughout the entire back and buttocks with 2-3 out of 4 tenderness from T3 to S1, and decreased sensation and weakness in the left lower extremity. An electromyography (EMG)-nerve conduction velocity (NCV) of the lower extremities from January 2014 was noted to show left sided L5 lumbar radiculopathy. The treatment plan was noted to include continued "conservative care" and refill of Lidopro cream, noted to have been prescribed since at least 3-12-2015. The request for authorization dated 8-15-2015, requested one prescription for Lidopro

cream 121 gm. The Utilization Review (UR) dated 8-28-2015, non-certified the request for one prescription for Lidopro cream 121 gm.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Lidopro cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: According to the California MTUS Guidelines (2009), topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. In this case, the requested topical analgesic compound, LidoPro cream, contains Capsaicin, Lidocaine, Menthol and Methyl Salicylate. MTUS guidelines state that Lidocaine is not recommended for topical application for treatment of neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded to, or are intolerant to other treatments. Medical necessity for the requested topical analgesic compound has not been established. The requested topical compound is not medically necessary.