

Case Number:	CM15-0200725		
Date Assigned:	10/15/2015	Date of Injury:	02/14/2012
Decision Date:	11/30/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 43 year old female with an industrial injury dated 02-14-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical sprain and strain, lumbosacral sprain and strain, right medial epicondylitis and right shoulder sprain and strain. According to the progress note dated 07-01-2015, subjective complaints included low back pain, neck pain and upper back pain. The injured worker reported low back pain with stiffness, worse with activity, with occasional radiation to bilateral lower extremities with burning, numbness and tingling to bilateral hip. The injured worker also reported left shoulder clicks with movement, worse with activity with radiation to the bilateral upper extremity with numbness and tingling to bilateral fingers 4 -5. The injured worker also complained of frequent headaches. Pain level was 8 out of 10 on a visual analog scale (VAS). Medications consist of Naproxen, Cyclobenzaprine, Omeprazole, and Lidopro Cream (since at least February of 2015). Objective findings (02-18-2015, 03-05-2015, 03-12-2015, 03-26-2015, 05-20-2015, 07-01-2015) revealed tenderness to palpitation, decreased lumbar extension 15 out of 30, tenderness to palpitation over lumbosacral paraspinal spasm and moderate discomfort with antalgic gait bent over. Treatment has included diagnostic studies, prescribed medications, ice and heat therapy, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit, acupuncture visits, and periodic follow up visits. The utilization review dated 10-05-2015, non-certified the request for Lidopro cream 120ml x1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 120ml x1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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

Decision rationale: The claimant sustained a work injury in February 2012 when, during a period of increased workload due to staff attrition, she was arising from a seated position after working for six hours when she felt a pop in her low back. Her past medical history includes sarcoidosis. She continues to be treated for neck, upper back, and low back pain. When seen, she was having increased low back pain. She had taken Norco from an earlier prescription. She was having a flare-up of sarcoidosis causing liver problems and a liver biopsy was pending. Physical examination findings included an antalgic gait. There was decreased lumbar extension. There was lumbosacral tenderness with paraspinal muscle spasms. She appeared to be in moderate discomfort. Medications were prescribed including naproxen, cyclobenzaprine, omeprazole, and LidoPro cream. Lidopro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Lidopro is not considered medically necessary.