MAXIMUS Federal Services

Case Number:	CM15-0203175		
Date Assigned:	10/19/2015	Date of Injury:	11/11/2014
Decision Date:	12/02/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/15/2015

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: Family Practice

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 50 year old female, who sustained an industrial injury on November 11, 2014. She reported low back pain. The injured worker was currently diagnosed as having chronic pain syndrome, low back pain, lumbar stenosis, lumbar radiculitis, numbness and muscle pain. Treatment to date has included diagnostic studies, home exercises, Transcutaneous Electrical Nerve Stimulation (TENS) unit, injection, oral medication and butrans patch. She was noted to have failed acupuncture and physical therapy. Butrans patch was noted to help and was better tolerated than oral opioid medications. On September 30, 2015, the injured worker complained of low back pain with radiation to the left lateral leg. She described her pain as stabbing and burning. The pain was rated as an 8 on a 1-10 pain scale without medications and a 5 on the pain scale with medications. Physical examination of the lumbar spine revealed tenderness over the lumbar paraspinals and pain with flexion and extension. Straight leg raise was positive on the left. The treatment plan included transforaminal lumbar epidural steroid injection at L3 and L4, continuation of TENS unit, continuation of home exercises, heat, ice and Lidopro patch for trial. On October 12, 2015, utilization review denied a request for Lidopro patches #15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro patches #15: Upheld

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

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

Decision rationale: This injured worker receives treatment for chronic pain involving the lumbar spine. The patient reports symptoms of stabbing burning pains. This relates back to an injury that occurred on the job on 11/11/2014. On examination there was pain with active flexion and extension of the lumbar spine. There was tenderness to palpation of the paraspinal regions. Physical therapy and acupuncture were not beneficial. The SLR maneuver was positive on the left. The patient received pain reduction from the Butrans patch. This review addresses a request for a compounded topical analgesic patched, called Lidopro. Topical analgesics are considered experimental in use, because clinical trials have failed to show efficacy. In addition if a compounded product contains at least one drug or drug class that is not recommended, then that compounded product cannot be recommended. Lidopro contains Lidocaine. Lidocaine may be medically indicated to treat localized peripheral pain, after a trial of a primary agent has been tried and failed. The documentation does not support this. Methyl salicylate is an NSAID. NSAIDs are not medically indicated to treat chronic low back pain when used in their topical form. Menthol is not medically indicated to treat chronic low back pain. Capsaicin may be indicated to treat some cases of osteoarthritis and fibromyalgia, which this patient does not have. Lidopro patches are not medically indicated for this patient.