

Case Number:	CM15-0204948		
Date Assigned:	10/21/2015	Date of Injury:	06/05/2014
Decision Date:	12/07/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/19/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 45 year old male who reported an industrial injury on 6-5-2014. His diagnoses, and or impressions, were noted to include: lumbar degenerative disc disease; and lumbar radicular. No imaging studies were noted. His treatments were noted to include: A neurology agreed medical evaluation on 8-18-15; physical therapy; chiropractic treatments; TENS unit therapy; daily use of a corset; temporary use of a single point cane; medication management; and rest from work. The progress notes of 9-30-2015 were hand written and difficult to decipher, but were noted to report: low back pain, rated 7 out of 10, with numbness-tingling in the right lower extremity; the occasional inability to walk well due to left knee pain; frequent-hourly urination; and the need for Lunesta for sleep. The objective findings were noted to include: decreased lumbar flexion; a slight antalgic gait; tenderness over the lumbar spine; and positive (illegible). The physician's requests for treatment were noted to include the dispensing of Lidopro. The progress notes of 8-18-2015 noted "ointment" applied to the low back 3 x a day. The Request for Authorization, dated 9-30-2015, was noted to include a sticker for Lidoderm topical ointment 120 ml. The Utilization Review of 10-7-2015 non-certified the request for Lidopro Topical ointment 120 ml, #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment 120ml #1 (DOS 09/30/2015): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Compound creams.

Decision rationale: Lidopro is a topical medication containing Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. ODG recommends usage of topical analgesics as an option, but also further details "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed." The medical documents do not indicate failure of antidepressants or anticonvulsants. MTUS states, "There is little to no research to support the use of many of these agents. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS recommends topical capsaicin "only as an option in patients who have not responded or are intolerant to other treatments." There is no indication that the patient has failed oral medication or is intolerant to other treatments. Additionally, ODG states "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns, a new alert from the FDA warns." ODG only comments on menthol in the context of cryotherapy for acute pain, but does state "Topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances causes serious burns, a new alert from the FDA warns." MTUS states regarding topical Salicylate, "Recommended. Topical salicylate (e.g., Ben-Gay, methyl salicylate) is significantly better than placebo in chronic pain. (Mason-BMJ, 2004) See also Topical analgesics; & Topical analgesics, compounded." In this case, lidocaine is not supported for topical use per guidelines. As such, the request for Lidopro topical ointment 120ml #1 (DOS 09/30/2015) is not medically necessary.