

Case Number:	CM15-0212568		
Date Assigned:	11/03/2015	Date of Injury:	06/24/2014
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/28/2015

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:

This injured worker is a 60 year old female who reported an industrial injury on 6-24-2014. Her diagnoses, and or impressions, were noted to include: thoracic sprain-strain, discogenic syndrome and degenerative disc disease; lumbar degenerative disc disease; and myofascial pain. No imaging studies were noted; however MRI of the thoracic spine was said to have been done on 10-10-2014, noting diffuse degenerative thoracic disc disease with loss of disc signal and height at multiple levels. Her treatments were noted to include: daily TENS unit therapy and home exercises; medication management with contract; and a return to modified work duties. The progress notes of 9-30-2015 reported: for a refill of medications; pain and stiffness in her upper and low back, rated 8 out of 10, that interfered with her activities of daily living, was made worse by the cold weather and was made 50% better by Norco, Lidopro cream and Flexeril which reduced her pain from 10 out of 10, to 6 out of 10; that she stayed at home most of the time and her son helped her from her chair to her bed; and that she had been actively working on weight loss with increased home exercising and walking the stairs. The objective findings were noted to include: an antalgic gait with use of cane; obvious weight loss of 183 pounds; and tenderness over the lumbar and thoracic spine with spasms, and decreased lumbar flexion. The physician's requests for treatment were noted to include Lidopro cream, 121 grams. The Request for Authorization, dated 9-30-2015, was noted to include Lidopro cream #1. The Utilization Review of 10-9-2015 non-certified the request for Lidopro cream 121 grams, #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Cream 121 Gram Qty 1: 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: The claimant sustained a work-related injury in June 2014 when she slipped while entering a walk-in freezer and fell. She landed on her back and struck her head and had mid back pain. Treatments have included medications, chiropractic care, and acupuncture. When seen, she was having increased pain due to the cold weather. Medications were decreasing pain from 10/10 to 6/10. She was working on losing weight. Her mood was stable. Physical examination findings included an antalgic gait with a cane. There was decreased lumbar range of motion. There was paraspinal muscle tenderness with spasms. Flexeril, Lunesta, omeprazole, and Lidopro were prescribed. 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 [REDACTED]. 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 medically necessary.