

<b>Case Number:</b>	CM15-0213021		
<b>Date Assigned:</b>	11/02/2015	<b>Date of Injury:</b>	07/22/2010
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 60 year old female who sustained an industrial injury on 07-22-2010. According to a progress report dated 09-16-2015, the injured worker reported pain in the neck, shoulders and lower back. Pain was described as shooting and burning. Pain intensity on average was rated 8 out of 10 and at worst, was rated 9. Previously prescribed medications included Topamax, Inderal, Lyrica, Cymbalta, Norco, Ketorolac, Vitamin D, fish oil, Omeprazole, Xanax, Cyclobenzaprine, Hydrocodone, Nabumetone, Baclofen, Percocet, Terocin, Morphine, Effexor XR and Pennsaid topical. Treatments to date have included medications, epidural injections, trigger point injection and sacroiliac joint injection. Diagnoses included lumbar disc disorder, spondylosis cervical, degenerative disc disease cervical, radiculopathy and cervicalgia. MRI scan from 2011 showed disc bulging, ligamentum flavum hypertrophy and facet hypertrophy at the L4-L5 levels. She had tenderness over these levels and increased pain with extension and lateral rotation. The provider noted that the injured worker had failed 6 weeks of conservative therapy including pharmacological management and physical therapy and was requesting authorization for x-rays of the lumbar spine flexion extension views to look for any instability that might require surgical intervention. Diagnostic medial branch blocks were recommended. Medications prescribed included LidoPro topical ointment. Follow-up was indicated in 4 weeks. On 09-24-2015, Utilization Review non-certified the request for radiographs lumbar spine with flexion and extension views and LidoPro cream. The request for injections were authorized.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Radiographs lumbar spine with flexion/extension views: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach, Initial Assessment, Medical, Physical Examination, Diagnostic Criteria, Work-Relatedness, Initial Care, Physical Methods, Activity, Work, Follow-up Visits, Special Studies, Surgical Considerations, Summary, References.

**Decision rationale:** The ACOEM Guidelines support the use of radiographs in determining the cause of lower back complaints in limited cases, such as in select cases involving findings suspicious for a fracture, cancer, or infection. The submitted and reviewed documentation indicated the worker was experiencing neck and lower back pain. There were no documented "red flag" findings or a discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for radiographs of the lumbar spine region with flexion and extension views is not medically necessary.

**Lidopro cream: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS Guidelines strongly emphasize that any compound product that contains at least one drug or drug class that is not recommended is itself not recommended. The LidoPro is a compound that contains medications from the non-steroidal anti-inflammatory drug (NSAID) (methylsalicylate 27.5%), anesthetic (lidocaine 4.5%), and general pain reliever (menthol 10% and capsaicin 0.0325%) classes. The MTUS Guidelines recommend topical lidocaine for localized pain after first-line treatment has failed to manage it sufficiently. Only the dermal patch is FDA-approved and recommended by the Guidelines. Topical NSAIDs are recommended to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the strength approved by the FDA. Topical capsaicin is recommended by the Guidelines at a 0.025% concentration for pain due to osteoarthritis and at a 0.075% concentration for pain due to specific types of neuropathy only in patients who have not responded to or are intolerant of other treatments. Topical menthol is not recommended by the MTUS Guidelines. The submitted and reviewed documentation did not include a discussion detailing special circumstances that would support the use of this compound product in this setting. In the absence of such evidence, the current request for an indefinite supply of LidoPro cream is not medically necessary.