

Case Number:	CM15-0221457		
Date Assigned:	11/17/2015	Date of Injury:	03/19/2013
Decision Date:	12/30/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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

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 55 year old male, who sustained an industrial injury on 3-19-2013. Diagnoses include low back pain and lumbar discogenic syndrome with radiculopathy. Treatments to date include activity modification, medication therapy, TENS use. The records indicated a history of low back pain with radiation to the right lower extremity. On 8-4-15, medications were noted to decrease pain 40% and increase functional ability. The CURES report and narcotic contract was addressed and appropriate. Past medications prescribed for at least four months included Gabapentin, Tramadol, and Lidopro ointment. On 10-16-15, he complained of no change in symptoms. The physical examination documented lumbar tenderness, guarding, and an antalgic gait. The plan of care included refilling medications. The appeal requested authorization for Lidopro 121gram. The Utilization Review dated 11-2-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004.

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

Decision rationale: The patient presents with low back pain with radiation to the right lower extremity. The current request is for Lidopro 121gm. LidoPro cream is a compound topical gel. The treating physician states in a handwritten and sparse fairly legible treating report dated 10/16/15 (69B), "refill meds." MTUS Guidelines state, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." LidoPro is a compound topical gel .0325% Capsaicin, Lidocaine 4.5%, Menthol 10%, Methyl Salicylate 27.5%. MTUS Guidelines state that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Strength of Capsaicin recommended is no more than 0.025%. MTUS further states regarding lidocaine topical analgesics, "Only FDA approved products are recommended," and only in a patch form such as lidoderm. Given that this topical compound contains lidocaine in a cream formulation it is inconsistent with MTUS Guidelines. Therefore, the current request is not medically necessary.