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| Case Number: | CM15-0221835 | | |
| Date Assigned: | 11/17/2015 | Date of Injury: | 08/31/2013 |
| Decision Date: | 12/31/2015 | UR Denial Date: | 10/30/2015 |
| Priority: | Standard | Application Received: | 11/11/2015 |

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: Preventive Medicine, Occupational 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 51 year old female who sustained an industrial injury on 08-31-2013. A review of the medical records indicated that the injured worker is undergoing treatment for lumbar discogenic pain syndrome, intervertebral disc protrusion, lumbar annular tear and lumbar radiculitis. According to the treating physician's progress report on 08-04-2015, the injured worker continues to experience lower back, buttock and left lower extremity pain associated with numbness and weakness rated at 8 out of 10 without medications and 6-7 out of 10 on the pain scale with medications. Evaluation noted an independent antalgic gait. Examination demonstrated tenderness over the bilateral L4-5 and L5-S1 lumbar paraspinal muscles with pain on flexion and extension. Straight leg raise was positive bilaterally. The bilateral extensor hallucis longus muscle was noted as 4+ out of 5 and dorsiflexion at 5 minus out of 5 of the bilateral lower extremities. Sensation was reduced in the left L5 and S1 dermatomes and the right S1 dermatome. Patellar and Achilles deep tendon reflexes were 1+. Patrick's and Gaenslen's maneuver were negative. The sciatic notches and sacroiliac (SI) joints were non-tender. A magnetic resonance imaging (MRI) of the lumbar spine performed on 10-14-2013 was interpreted within the progress note dated 08-04-2015. A recent lumbar spine MRI on 7-28-2015 was performed due to an emergency room visit for pain. It was not available for review. Prior treatments have included diagnostic testing, physical therapy, H-wave machine, cortisone injections, heat, ice, bilateral S1 selective epidural steroid injection on 03-31-2015 and medications. Current medications were listed as Ibuprofen, Norco, Depakote, Escitalopram, Omeprazole and topical compounded medications (Terocin). Treatment plan consists of lumbar

surgical consultation, shower chair, epidural steroid injection and the current request for LidoPro patches #15. On 10-30-2015 the Utilization Review determined the request for LidoPro patches #15 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Patches x 15: 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): Lidoderm (lidocaine patch).

Decision rationale: Lidopro ointment contains the active ingredients methyl salicylate 27.5%, capsaicin 0.0375%, lidocaine 4.5% and menthol 10%. Salicylate topical is recommended by the MTUS Guidelines, as it is significantly better than placebo in chronic pain. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current evidence that this increase over a 0.025% formulation would provide any further efficacy. Topical lidocaine is used primarily for neuropathic pain when trials of antidepressant and anticonvulsants have failed. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. In this case, there is no evidence of failure with first-line therapy, therefore, this request is not supported. The request for Lidopro patches x 15 is determined to not be medically necessary.