

Case Number:	CM15-0038679		
Date Assigned:	03/09/2015	Date of Injury:	04/18/2009
Decision Date:	04/21/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/02/2015

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 58 year old male sustained an industrial injury sustained an industrial injury to the back on 4/18/09. Previous treatment included magnetic resonance imaging, physical therapy, medications, transcutaneous electrical nerve stimulator unit, home exercise and ice therapy. In a PR-2 dated 2/4/15, the injured worker complained of low back pain 6/10 on the visual analog scale. The injured worker reported increased pain due to cold weather. Physical exam was remarkable for tenderness to palpation over the lumbar spine paraspinal musculature with spasms. Current diagnoses included lumbar spine sprain/strain, lumbar spine radiculitis, lumbar degenerative disc disease, history of gastritis, history of hypercholesterolemia and history of diabetes mellitus. The treatment plan included continuing home exercise, transcutaneous electrical nerve stimulator unit and ice/heat therapy and medications (Fenoprofen, Omeprazole, Flexeril and topical Lidopro).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 grams: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics Page(s): 60, 111-113.

Decision rationale: The claimant sustained a work-related injury in April 2009 and continues to be treated or chronic low back pain with radiculitis. When seen by the requesting provider his back pain was unchanged although reported as increased with the weather. He was about to start treatment for tuberculosis. He has lumbar paraspinal muscle tenderness and spasms. 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 Ben-Gay or Icy Hot. 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. However, 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 not be possible to determine whether any derived benefit is due to a particular component. Therefore, LidoPro was not medically necessary.