

Case Number:	CM15-0042457		
Date Assigned:	03/12/2015	Date of Injury:	07/11/2014
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
Priority:	Standard	Application Received:	03/06/2015

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: 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 53 year old male who sustained an industrial injury on July 11, 2014. He has reported low back pain and has been diagnosed with lumbar strain, suluxation of sacrum, lumbar neuritis/radiculitis, lumbar disc, and myalgia/myofibrositis. Treatment has included medical imaging, modified duty, physical therapy, and medications. Currently the injured worker complains of lumbosacral spine pain with radiations of pain into the left lower extremity. The treatment plan included therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream (capsaicin, lidocaine, menthol and methyl salicylate ointment) 121grams:
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 Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with lumbar degenerative disc disease and complains of back and left leg pain. The request is for Lidopro cream (capsaicin, lidocaine, menthol and methyl salicylate ointment) 121grams on 02/09/15. MTUS guidelines on topical analgesics page 111 (chronic pain section) state the following: 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 page 111 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%. Review of the reports show no discussion is made regarding the efficacy and use of this topical product. MTUS page 111 further states regarding lidocaine topical analgesics that only patch formulation is recommended. Given that this topical compound contains lidocaine in a cream formulation, the request IS NOT medically necessary.