

Case Number:	CM15-0043909		
Date Assigned:	03/13/2015	Date of Injury:	06/09/2011
Decision Date:	04/23/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/09/2015

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 51-year-old male, who sustained an industrial injury on June 9, 2011. He reported low back pain. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, myalgia and mytosis and lumbar or lumbosacral disc derangement. Treatment to date has included radiographic imaging, diagnostic studies, lumbar radiofrequency ablation, physical therapy, pain medications and work restrictions. Currently, the injured worker complains of low back pain with pain radiating to the left buttock with associated poor sleep. The injured worker reported an industrial injury in 2011, resulting in the above noted pain. He has been treated conservatively with physical therapy and with radiofrequency ablation without resolution of the pain. He reported benefit with physical therapy. He was noted to have related poor sleep and required routine pain medications to maintain function. Evaluation on June 10, 2014, revealed continued pain in the back with associated tingling and numbness. Medications were renewed. Evaluation on August 7, 2014, revealed continued pain. The plan was to continue medications, to use ice and heat packs and to walk daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS: 2/19/15) Lidopro ointment 4.5%-27.5%-0.325%-10% Qty: 1.00:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesic Page(s): 111-113.

Decision rationale: This patient presents with lower back pain and left lower extremity pain. The request is for Retrospective (DOS: 2/19/15) Lidopro ointment 4.5%-27.5%-0.325%-10% Qty: 1.00 on 02/27/15. The work status is retired per 02/19/15. 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 states 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.