

Case Number:	CM15-0045979		
Date Assigned:	03/18/2015	Date of Injury:	12/23/2010
Decision Date:	05/01/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/11/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

The injured worker is a 56 year old female who sustained an industrial injury on December 23, 2010. There was no mechanism of injury documented. A cervical magnetic resonance imaging (MRI) was performed on November 3, 2014. The injured worker was diagnosed with lumbar spine radiculopathy, thoracic radiculopathy and hip pain. The injured worker underwent a left epidural steroid injection (ESI) at L4, L5 and S1 on January 12, 2015 with another planned in March 2015. According to the primary treating physician's progress report on February 23, 2015 the injured worker continues to experience low back pain with left leg numbness and tingling and positive left straight leg raise positive. The left hip examination noted tenderness with spasms of left L5 paraspinal muscle. Current medications consist of Naprosyn, Flexeril, Neurontin, Omeprazole and the current request for LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro x 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical lidocaine Page(s): 56.

Decision rationale: Lidopro is a topical compounded preparation containing Capsaicin, Lidocaine, Menthol and Methyl Salicylate. The MTUS Chronic Pain Medical Treatment Guidelines (p 112) states "Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). 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. Note the statement on page 111: Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. This request for Lidopro ointment is not medically necessary.