

Case Number:	CM15-0048976		
Date Assigned:	03/20/2015	Date of Injury:	01/13/2012
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/16/2015

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 50 year old male, who sustained an industrial injury on 1/13/2012. He reported a fall from a scaffold landing, with injury to his neck and back. The injured worker was diagnosed as having lumbar radiculopathy, lumbar facet arthropathy, lumbar degenerative disc disease, and failed back syndrome. Treatment to date has included microscopic lumbar discectomy to the right L3-4 and L4-5 on 6/13/2013, epidural steroid injections to the cervical and lumbar regions, magnetic resonance imaging of the thoracic spine (12/17/2014), magnetic resonance imaging of the lumbar spine (11/05/2014), chiropractic, acupuncture, physical therapy, and medications. Currently, the injured worker complains of low back and neck pain. He reported a recent increase in headaches, spasms, and low back pain. He was scheduled to proceed with a spinal cord stimulator trial on 3/13/2015. He rated neck pain 8/10, with radiation down bilateral upper extremities, and numbness and tingling in his hands. His pain also radiated up his neck, causing migraines, and spasms so severe that he was unable to sleep. His mid and low back pain was rated 8-9/10, with severe spasm, and radiation down his bilateral lower extremities. The previous visit noted an injection of Toradol with reported improvement. Current medications included Norco, MS Contin, Naproxen, Omeprazole, Norflex, Gabapentin, and Capsaicin cream. His pain was rated 10/10 without medications. His gait was antalgic, with use of a single point cane. Exam of the cervical spine noted tenderness to palpation, spasm, decreased range of motion and altered sensation throughout his upper extremities. Exam of the lumbar spine noted diffuse tenderness, spasm, moderately decreased range of motion, and

decreased sensation throughout his lower extremities. The treatment plan included a trial of LidoPro cream, in an effort to minimize the use of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical ointment with applicator # 1: 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 analgesic Page(s): 111-113.

Decision rationale: The 50 year old patient complains of neck pain, rated at 8/10, and low back pain rated at 8-9/10, as per progress report dated 02/09/15. The request is For Lidopro Ointment With Applicator # 1. There is no RFA for this case, and the patient's date of injury is 01/13/12. The patient also complains of tingling in arms, numbness in hands, and migraine headaches, as per progress report dated 02/09/15. The patient is status post MLD right L3-4 and L4-5 on 06/13/13, and has been diagnosed with lumbar radiculopathy, lumbar facet arthropathy, degenerative disc disease of lumbar spine, and failed back syndrome. Medications included Norco, MS Contin, Naproxen, Omeprazole, Norflex, Gabapentin, and Capsaicin cream. The patient has been allowed to return to modified work, as per the same progress report. The MTUS has the following regarding topical creams (p111, chronic pain section): 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. In this case, a prescription for Lidopro cream is first noted in progress report dated 02/09/15. The treating physician states that Topical Lidopro cream will be trialed in an effort to minimize the use of oral medications. However, MTUS guidelines do not support any other formulation Lidocaine other than topical patches. Hence, this request is not medically necessary