MAXIMUS Federal Services

Case Number:	CM15-0049521		
Date Assigned:	03/23/2015	Date of Injury:	02/15/2011
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
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 57-year-old male who sustained an industrial injury on 2/15/2011. His diagnoses, and/or impressions, include low back pain; chronic pain syndrome; and myospasm. His treatment have included Naproxen, Relafen, Flexeril, Methocarbamol, and Vicodin, now with the holding of anti-inflammatory medications; chiropractic treatments, physical therapy treatments; and epidural steroid injection therapy. In the progress note dated 3/3/2015, his treating physician reported the injured worker complained of moderate chronic low back pain, that he is permanent and stationary released to work with modifications, and that he is unable to use non-steroidal anti-inflammatory drugs due to gastric bleed; the use of Lidoderm patches provides slight improvement. The examination noted the blood pressure, that he is alert and oriented, and that tenderness, with spasms, are noted to the ilosacral joint, right > left. The physicians requests for treatment included Lidopro cream 121 grams, not to be used at the same time as he uses his patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: 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 patient was injured on 02/15/11 and presents with low back pain. The request is for LIDOPRO CREAM 121 GM. The RFA is dated 03/03/15 and the patient is permanent and stationary. LidoPro lotion contains capsaicin, lidocaine, menthol, and methyl salicylate. Regarding topical analgesics, MTUS Guidelines page 111 has the following regarding topical cream, "topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least 1 (or 1 drug class) that is not recommended is not recommended." MTUS Guidelines do not allow any other formulation of lidocaine other than in patch form. MTUS Guidelines do not recommend a compounded product if one of the compounds are not indicated for use. Since lidocaine is not indicated for this patient in a non-patch form, the entire compound is not recommended. Therefore, the requested LidoPro Cream IS NOT medically necessary.