

Case Number:	CM15-0055196		
Date Assigned:	03/30/2015	Date of Injury:	01/28/2011
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/23/2015

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 52-year-old female, with a reported date of injury of 01/28/2011. The diagnoses include cervical myofascial pain syndrome, migraine headaches, chronic lumbar pain with intervertebral disc dysfunction, left L4-5 radiculopathy, lumbar spondylosis, and left hip myofascial pain syndrome. Treatments to date have included lumbar epidural steroid injections, an MRI of the lumbar spine, an MRI of the cervical spine, bilateral medial branch block of the cervical spine, an x-ray of the cervical spine, a computerized tomography (CT) scan of the cervical spine, oral medications, and a cane or walker. The medical report dated 03/10/2015 indicates that the injured worker complained of chronic pain in the neck, migraine headaches with nausea and vomiting, and chronic low back pain. The objective findings include limited cervical range of motion, limited activities of daily living, limited gait, tenderness to palpation in the occipital and sub-occipital muscles, tenderness to pressure on the cervical facets on the left in the lower cervical spine, tenderness to palpation at the myofascial trigger points, decreased left shoulder range of motion, and positive right straight leg raise test. It was noted that the injured worker signed an opiate contract on 10/28/2014. The treating physician requested Lidopro ointment 120 grams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro ointment 120gm quantity 1.00: Upheld

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

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

Decision rationale: The patient was injured on 04/09/12 and presents with low back pain, left hip pain, and headaches. The request is for LIDOPRO OINTMENT 120 GM QUANTITY 1. There is no RFA provided and the patient's work status is not provided. 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 Ointment IS NOT medically necessary.