

Case Number:	CM15-0061230		
Date Assigned:	04/08/2015	Date of Injury:	04/30/2014
Decision Date:	05/08/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/31/2015

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: Preventive Medicine, Occupational Medicine

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 65-year-old female, who sustained an industrial injury on 4/30/14. The injured worker was diagnosed as having lumbar sprain/strain, lumbalgia/lumbar intervertebral disc, cervical sprain/strain of neck and knee sprain/strain. Treatment to date has included oral medications including opioids, TENS unit and transdermal medications. Currently, the injured worker complains of pain across low back with intermittent radiation to both legs and constant right neck pain with intermittent radiations to right arm. Upon physical exam, tenderness and spasm are noted in left mid back, lower back and buttocks. Tenderness is also noted in left SI joint, right SI joint and spasm and tenderness in right buttocks and left adductor and medical hamstring tenderness is noted. The treatment plan consisted of (MRI) magnetic resonance imaging of lumbar spine, review of controlled substances contract, continuation of oral medications including Norco, Tramadol, Cyclobenzaprine and Omeprazole and LidoPro cream, also TENS unit for pain and orthopedic consult.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 111-112.

Decision rationale: Lidopro lotion is a compounded medication, which contains the following: Lidocaine 4.5%, Methyl Salicylate 27.5%, Menthol 10%, Capsaicin 0.0325%. It is classified by the FDA as a topical analgesic. There is little to no research to support the use of many Compounded Topical Analgesics. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. According to the Chronic Pain Medical Treatment Guidelines, compounds containing lidocaine are not recommended for non-neuropathic pain. There is only one trial that tested 4% lidocaine for treatment of chronic muscle pain. The results showed there was no superiority over placebo. Lidopro cream 121 gm is not medically necessary.