

Case Number:	CM15-0087101		
Date Assigned:	05/11/2015	Date of Injury:	03/22/2002
Decision Date:	06/10/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	05/06/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 53-year-old, male who sustained a work related injury on 3/22/02. He was struck in the back by two falling pallets from a forklift, knocked forward to the ground, fell face forward and was unconscious. The diagnoses have included lumbar postlaminectomy syndrome, status post lumbar spine surgery, bilateral leg radiculopathy, left greater than right, sexual dysfunction/impotence, reactionary depression/anxiety and spinal cord stimulator implantation. Treatments have included use of a spinal cord stimulator, lumbar spine surgery, detoxification programs x 2, medications, physical therapy, diagnostic/therapeutic ilioinguinal genitofemoral and iliohypogastric nerve block, TENS unit therapy, and hot/cold therapy. In the Follow-Up Pain Management Consultation dated 2/12/15, the injured worker complains of continuing, worsening lower back pain. He rates his pain level a 7/10. He gets at least 50% pain relief from spinal cord stimulator. He has bothersome complaint of pain in the region of the left ilioinguinal nerve and genitofemoral nerve that radiates to left testicle especially with erection. He does get pain relief from medications to increase function and do chores around the house. He has tenderness to palpation of the lumbar paravertebral musculature and sciatic notch region. He has decreased range of motion in lumbar spine. The treatment plan includes refill prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro (DOS: Unknown) Lidopro 27.5% methyl salicylate, 0.0325% capsaicin, 10% menthol, 4.5% lidocaine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113.

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

Decision rationale: According to the MTUS guidelines, topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Methyl Salicylate is a topical analgesic. It is indicated for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. It is recommended for short-term use (4-12 weeks) for arthritis. In addition, LidoPro is indicated for diabetic or herpetic neuropathy. In this case, the claimant did not have arthritis or neuropathy related to the above. In addition, the claimant was on oral analgesics as well. Since the compound in question contains elements not required or necessary, the use of Lidopro 27.5% methyl salicylate, 0.0325% capsaicin, 10% menthol, 4.5% lidocaine is not medically necessary.