

Case Number:	CM15-0233650		
Date Assigned:	12/09/2015	Date of Injury:	06/19/2014
Decision Date:	01/14/2016	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/30/2015

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 41 year old male who sustained an industrial injury on 6-19-14. A review of the medical records indicates that the worker is undergoing treatment for lumbar strain and lumbar radiculopathy, left L4, L5, and S1. Subjective complaints (10-7-15) include low back pain at the left side of the lumbosacral junction rated at 6-7 out of 10, constant stabbing pain in the left buttocks rated 8 out of 10, and reports the leg bothers him more than the back. Pain is reported to radiate into the posterior lateral aspect of the left thigh and occasionally radiating down to the left calf and foot. Pain is aggravated with lifting heavy objects, extended periods of standing or sitting, and relieved by lying supine and medications. Current medications include Naproxen 500mg one tablet twice a day as needed, Flexeril 7.5mg , Gabapentin 300mg one tablet three times a day, Lidopro topical cream applied up to four times a day and Omeprazole daily given the history of gastrointestinal difficulty including gastritis. Objective findings of the lumbar spine (10-7-15) include ambulation with a cautious guarded gait, slight antalgia favoring the left, able to raise up on heels and toes, difficulty with heel and toe walking on the left side, slight loss of lumbar lordosis, range of motion - extension is 50% of normal, lateral side bending and rotation are 75% of normal bilaterally, diminished sensation on the left L4-S1, positive straight leg test on the left, Achilles and patellar reflexes of one out of 4 (left) and 2 out of 4 (right) and toes are downgoing Babinski bilaterally. A lumbar MRI is reported to show, "compression of the L5 nerve root as it traverses across the L4-L5 level, compression at the L5-S1 level and the S1 nerve root is also being impinged upon as it traverses across the L5-S1 level". In a letter (10-22-15) the physician notes, "Lidopro is a manufactured topical analgesic

which contains capsaicin, menthol and methyl salicylate and lidocaine. Lidopro is not a compound medication and has not been prescribed through a compounding pharmacy." Previous treatment includes physical therapy, chiropractic care, acupuncture, multiple physiotherapy modalities, modified duty, time off work and medications. The treatment plan includes left sided transforaminal lumbar epidural steroid injections at L4-L5, L5-S1 and S1, medications were refilled and Tramadol 50mg was added- one tablet twice a day as needed for moderate to severe pain, 30 tablets, and repeat evaluation in 3-4 weeks. The requested treatment of an unknown prescription of LidoPro was non-certified on 10-30-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription of Lidopro: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Salicylate topicals, Capsaicin, topical.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The patient was injured on 06/19/14 and presents with pain in the lower back on the left side. The request is for an Unknown prescription of Lidopro. The RFA is dated 10/07/15 and the patient's current work history 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." The patient is diagnosed with lumbar strain and lumbar radiculopathy, left L4, L5, and S1. 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.