

Case Number:	CM15-0235238		
Date Assigned:	12/10/2015	Date of Injury:	08/24/2013
Decision Date:	01/15/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/02/2015

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 35 year old female who sustained an industrial injury on 8-24-13. A review of the medical records indicates she is undergoing treatment for cervical spine sprain and strain, thoracic spine sprain and strain, lumbar spine sprain and strain, right knee sprain and strain, asthma, and a history of gastritis. Medical records (11-9-15) indicate complaints of neck pain, upper back pain, and lower back pain. She rates her pain "5 out of 10". The physical exam reveals tenderness to palpation in the cervical paraspinal musculature in C4-5. Decreased cervical range of motion is noted. The thoracic spine reveals tenderness to palpation of T7-T10 parafacets and right paraspinal muscles. Decreased range of motion on extension is noted. The lumbar spine has tenderness to palpation of the right paraspinal musculature from L4-S1. Decreased range of motion is noted in extension. The straight leg raise is negative bilaterally. Treatment has included medications of Hydrocodone, Famotidine, Sulfameth-Trimethoprim, and (illegible). Treatment recommendations include continuation of pain medications, a TENS unit, a home exercise program, MRI of the thoracic spine, x-rays of the lumbar spine and right knee, and acupuncture. Modified work restrictions are noted. The utilization review (11-19-15) includes a request for authorization of Lidopro 121gms #1. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 121g, per 11/09/15 order Qty: 1.00: Upheld

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

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

Decision rationale: The patient presents on 11/09/15 with pain and stiffness in the cervical spine, thoracic spine, and lumbar spine rated 5/10. The patient's date of injury is 08/24/13. The request is for Lidopro 121G, per 11/09/15 order Qty; 1.00. The RFA was not provided. Physical examination dated 11/09/15 reveals tenderness to palpation of the cervical spine from C4 through C7, tenderness to palpation of the thoracic spine from T10 to T7, tenderness to palpation of the lumbar spine from L4 to S1 and mildly reduced cervical, thoracic, and lumbar range of motion. The patient's current medication regimen is not provided. Patient is currently advised to return to modified duties ASAP. LidoPro contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The MTUS Topical Analgesics section, page 111 has the following: "Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of Lidocaine whether creams, lotions or gels are indicated for neuropathic pain. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended." In regard to the requested Lidopro cream for this patient's chronic pain, the active ingredient in this cream Lidocaine is not supported in this form. MTUS guidelines only support Lidocaine in patch form, not cream form. While this patient presents with significant cervical, thoracic, and lumbar spine pain, Lidocaine is nonetheless unsupported by MTUS guidelines in this particular formulation. Guidelines also state that any compounded cream which contains an unsupported ingredient is not indicated. Therefore, the request is not medically necessary.