

Case Number:	CM14-0115144		
Date Assigned:	08/04/2014	Date of Injury:	10/14/2008
Decision Date:	10/15/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 64-year-old male with a 10/14/08 date of injury, when he developed cumulative trauma to his lower back due to heavy lifting. The patient underwent lumbar fusion in 9/2011. The patient was seen on 4/29/14 with complaints of 7/10 ongoing aching and burning lower back pain radiating down into the lower extremities with numbness and tingling. The patient stated that the pain was exacerbated with prolonged walking and standing and that his condition remained constant since the last visit. The patient was taking Flexeril and Ibuprofen that he found beneficial. The patient received epidural steroid injections with no benefit. Exam findings revealed spasm and tenderness to palpation along the thoracic and lumbar paraspinal muscles, left greater than right. The range of motion of the lumbar spine was decreased in all planes. The sensory evaluation revealed hypersensitivity to light touch in the right L3-S1 dermatomes. The motor examination revealed: psoas 4+/5 on the right and 5/5 on the left; eversion 5-/5 bilaterally and the rest of the lower extremity motor exam was 5/5. Straight leg raising test was positive bilaterally at 30 degrees, causing calf pain. The note stated that the patient "received LidoPro." The diagnosis is L1-L2 lumbar central stenosis, lower back pain and status post lumbar fusion. Treatment to date: epidural steroid injections, work restrictions, medications. An adverse determination was received on 6/16/14. The determination letter was not available for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical Ointment 4oz #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 25, 28, 111-113).

Decision rationale: LidoPro lotion contains Lidocaine, Capsaicin, Menthol and Methyl Salicylate. CA MTUS Chronic Pain Medical Treatment Guidelines state that "lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications." In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The progress notes indicated that the patient was using LidoPro ointment at least from 4/29/14. However, there is a lack of documentation indicating subjective and objective gains with previous treatment with the ointment. In addition, LidoPro contains lidocaine that is not recommended in compound formulations due to CA MTUS Guidelines. Therefore, the request for LidoPro lotion 4oz #1 was not medically necessary.