

Case Number:	CM14-0122347		
Date Assigned:	09/16/2014	Date of Injury:	09/26/2011
Decision Date:	10/23/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	08/04/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

The injured worker is a 57 year old male who was injured on 09/26/11 sustaining low back pain. The mechanism of injury is not documented in the clinical notes submitted for review. The injured worker is status post lumbar laminectomy on 03/27/12, and underwent L3-S1 partial laminectomy, lysis of epidural adhesions, and micro dissection of the cauda equine and nerve roots on 02/11/14. Current diagnoses include herniated nucleus pulposus of the lumbar spine, lumbar stenosis, and degeneration of the lumbar disc. Clinical notes dated 06/27/14 indicated the injured worker complains of constant aching low back pain, which is rated as 5/10, with radiation of pain and numbness down both legs to feet, left side greater than the right. The injured worker also reported burning, numbness and pins and needles sensation on top of feet and over anterior aspect of bilateral legs, from top of feet to knees, left greater than right. The injured worker also complains of numbness in the left shoulder with radiation to left pinkie and thumb. Physical examination revealed minimal tenderness of the lumbar spine with spasms appreciated. There was decreased sensation over the left L4-S1 dermatome levels. Medications include Hydrocodone/APAP 10-325mg, and prescription for LidoPro topical ointment 4oz. The previous request for LidoPro topical ointment 4oz Qty 1 was denied on 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidoopro Topical Ointment 4oz Quantity: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 111.

Decision rationale: As noted on page 111 of the Chronic Pain Medical Treatment Guidelines, the safety and efficacy of compounded medications has not been established through rigorous clinical trials. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is no indication in the documentation that these types of medications have been trialed and/or failed. LidoPro is a compound medication that contains capsaicin, menthol, and methyl salicylate. There is no indication in the documentation that the patient cannot utilize the readily available over-the-counter version of this medication without benefit. As such, the request for this compound cannot be recommended as medically necessary.