

<b>Case Number:</b>	CM14-0126980		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	07/30/2002
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	07/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Occupational Medicine 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 57 year old male with a 7/30/2003 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 6/13/14 noted subjective complaints of low back pain radiating to bilateral lower extremities, with right lower extremity throbbing and weakness. Objective findings included lumbar paraspinal tenderness with spasm. Right lower extremity motor strength was 4/5 throughout and there was decreased sensation of the right L5 dermatome. A 4/14 progress report notes similar exam findings. It was noted that prior lumbar MRI in 2011 showed L4-5 disk bulge, no nerve root impingement. Diagnostic Impression: lumbar radiculopathy, lumbar DDD Treatment to Date: medication management, chiropractic A UR decision dated 7/11/14 denied the request for LidoPro ointment. Multiple ingredients are not supported by guidelines. It also denied MRI of the lumbar spine. There are no exam findings which would support additional lumbar spine imaging.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**LidoPro Ointment ( unspecified dosage an quantity): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic Page(s): 111-119.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Boswellia Serrata Resin, Capsaicin, Topical Analgesics Page(s): 25, 28 111-113).. Decision based on Non-MTUS Citation FDA (Lidopro)

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines state that "Ketoprofen, Lidocaine (in creams, lotion or gels), capsaicin in anything greater than a 0.025% formulation, baclofen, Boswellia Serrata Resin, and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications." LidoPro is a topical formulation containing lidocaine/capsaicin/menthol/methyl salicylate. In addition, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The requested medication contains drugs that are not recommended. Therefore, LidoPro ointment (unspecified dosage and quantity) is not medically necessary.

**Magnetic Resonance Imaging (MRI) of the Lumbar Spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter - MRI

**Decision rationale:** CA MTUS supports imaging of the lumbar spine in patients with red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, failure to respond to treatment, and consideration for surgery. However, while there are neurological abnormalities on exam, these were present on prior examinations. There is no note of interval injury or deterioration. The patient had an MRI in 2011 which only demonstrated disc bulging. There is also no mention of surgical consideration that would substantiate repeat imaging. Therefore, the request for Magnetic Resonance Imaging (MRI) of the Lumbar Spine is not medically necessary.