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| Case Number: | CM14-0140754 | | |
| Date Assigned: | 09/10/2014 | Date of Injury: | 05/04/2012 |
| Decision Date: | 02/25/2015 | UR Denial Date: | 07/31/2014 |
| Priority: | Standard | Application Received: | 08/29/2014 |

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. 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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 patient is a 43-year-old man who sustained a work-related injury on May 4, 2012. Subsequently, he developed chronic low back pain. MRI of the lumbar spine dated June 27, 2012 showed mild to moderate canal and bilateral foraminal stenosis at L3-4, mild canal and bilateral foraminal stenosis at L4-5, and areas of focal fatty deposition or hemangiomas in the L4 and L5 vertebral bodies. Prior treatments included: medications, chiropractic therapy, acupuncture, and activity modification. According to a progress report dated July 7, 2014, the patient has been approved for transforaminal epidural steroid injection to the left L4 and L5 nerve roots on June 25, 2014, which he already had scheduled for the month of July. The patient reported low back pain at 6/10 in severity with radiation of aching pain to the left lower extremity going to the posterior thigh and down the calf. The pain can be severe. Physical examination revealed an antalgic gait; heel and toe walk was normal; range of motion of the lumbar spine was decreased in all planes. He had decreased sensation left L4 and L5 dermatomes. Motor strength dermatomes was 4+/5 left TA, EHL, inversion, plantar flexion, and eversion. 5/5 on the right. The patient had a positive straight leg raise on the left at 30 degrees producing pain to the calf. Negative straight leg raise on the right. Positive slump test on the left, negative on the right. Positive left sided l'hermitte sign. The patient was diagnosed with mild to moderate canal stenosis and bilateral neural foraminal stenosis, left greater than right at L3-4; mild canal stenosis and bilateral foraminal stenosis L4-5; lumbar radiculopathy; and chronic sciatica. The provider requested authorization to use Lidoderm ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro topical ointment 4 oz: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111); topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. That is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. There is no documentation of pain and functional improvement with previous use of Lido Pro. Based on the above Lido Pro is not medically necessary.