

Case Number:	CM15-0115376		
Date Assigned:	06/23/2015	Date of Injury:	05/29/2013
Decision Date:	09/03/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/15/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 54 year old male who sustained an industrial injury on 5/29/13. He had complaints of low back pain with radiation to right hip and right shoulder pain. Treatments include medication, physical therapy and chiropractic care. Progress report dated 5/4/15 reports continued complaints of low back pain mostly on the right side. He is limited with activities due to the pain. The Lidopro gel provides relief. He has continued physical therapy. Diagnoses include: low back pain with lumbar radiculopathy and right shoulder pain with possible neck issue. Plan of care includes: consider lumbar epidural steroid injections, continue Lidopro gel as needed, continue regular stretching and exercise for core strengthening, trial Mobic 7.5 mg 1 every 12 hours as need for pain. Work status: he has not been working. Follow up in 2 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro LidoPro 242 Gram Monthly Supply #2 Tubes DOS 6/3/15: 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): 111-113.

Decision rationale: CA MTUS Guidelines state that topical analgesics are largely experimental in use with few randomized controlled trials to determine safety or efficacy. Further, any compounded product that contains a drug (or drug class) that is not recommended is not recommended. In addition, lidocaine is only approved in the form of a lidocaine patch. No other commercial formulations of lidocaine (creams, lotions, gels) are approved. In this case, LidoPro contains methyl salicylate and menthol in addition to lidocaine. Therefore this formulation does not meet MTUS guidelines and is not medically necessary or appropriate.