

<b>Case Number:</b>	CM15-0116904		
<b>Date Assigned:</b>	06/25/2015	<b>Date of Injury:</b>	02/04/2015
<b>Decision Date:</b>	08/05/2015	<b>UR Denial Date:</b>	06/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal 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 injured worker is a 34 year old male who sustained an industrial injury on February 4, 2015. The mechanism of injury was a fall from scaffolding four feet in height. The injured worker has been treated for low back, right knee and left side pelvic complaints. The diagnoses have included pain in the joint of the lower leg, chronic pain syndrome, lumbago, myalgia and myositis not otherwise specified, sleep disturbance, lumbar sprain/strain, skin sensation disturbance and knee/leg/ankle and foot injury not otherwise specified. Treatment and evaluation to date has included medications, radiological studies, physical therapy, acupuncture treatments and chiropractic treatments. Current documentation dated May 11, 2015 notes that the injured worker reported low back, right knee pain and left sided pelvic pain. The pain was characterized as aching, burning and throbbing. Associated symptoms included weakness, numbness and tingling in the left lower extremity. The pain was rated a 7/10 on the visual analogue scale. Examination of the lumbar spine revealed a loss of lordosis, tenderness, spasm and a tight muscle band bilaterally. Range of motion was noted to be restricted and painful. Lumbar facet loading was positive bilaterally and a straight leg raise test was positive on the left. Right knee examination revealed tenderness to palpation and a restricted range of motion. Neurological examination showed strength of 5/5 hip flexors on the right and 4/5 on the left, 5/5 hip extensors on the right and 4/5 on the left, 5/5 knee extensors left and right, ankle dorsiflexors 5/5 on the right and 4/5 on the left, ankle plantar flexors 5/5 on the right and 4/5 on the left, with decreased sensation to light touch over the lateral calf on the left side. The treating physician's plan of care included a request for Lidopro 4 % ointment and a lumbar MRI.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro 4% ointment:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics, Lidocaine Indication Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Topical analgesics.

**Decision rationale:** Lidopro contains capsaicin, Lidocaine, menthol, and methyl salicylate. The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on Topical Analgesics states that topical analgesics are largely experimental in use and are recommended for localized neuropathic pain after there is evidence of a trial of first line therapy, such as tri-cyclic anti-depressants and anti-epileptic medications. Any compounded product that contains at least one drug that is not recommended is not recommended. In this case, there was no documentation of trial and failure of antidepressants or anticonvulsants. Capsaicin is only recommended in injured workers who have not responded or are intolerant to other treatments. Lidocaine in the formulation of a dermal patch has been designated for neuropathic pain. Lidocaine in other formulations such as creams, lotions or gels is not recommended. The form of Lidocaine in this compounded topical product is not the dermal patch and is therefore not recommended. The MTUS guidelines do not discuss Menthol. Therefore, the Official Disability Guidelines were referenced. The Official Disability Guidelines state that custom compounding and dispensing of combinations of medicines that have never been studied is not recommended, as there is no evidence to support their use and there is potential for harm. Per the Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines on Topical Analgesics and the Official Disability Guidelines the request for Lidopro 4 % ointment is not medically necessary.

**Lumbar MRI:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305, 309.

**Decision rationale:** The ACOEM Occupational Medicine Practice Guidelines on Low Back Complaints states that objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option. When the neurologic examination is less clear, further physiologic evidence of nerve dysfunction, such as electromyography, should be obtained before ordering an imaging study. Imaging studies should be reserved for cases in which surgery is considered or red-flag diagnoses are being evaluated. In this case the injured worker was noted to have burning low back pain with radiation to the left lower extremity. Associated symptoms included weakness, numbness and tingling. Although the neurological examination noted some areas of weakness and decreased sensation, the findings were not specific to a given dermatome/myotome. No electro diagnostic

studies were submitted. No red flag findings or diagnoses were discussed. Therefore, the request for an MRI of the lumbar spine is not medically necessary.