

<b>Case Number:</b>	CM15-0118154		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	12/14/2013
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 48 year old male who sustained a work related injury December 14, 2013. While mopping, he first felt a cold sensation followed by increased pain in the lower back. He was initially treated with medication and completed 18 sessions of physical therapy. According to a primary treating physician's initial comprehensive report, dated May 5, 2015, the injured worker presented with complaints of constant low back pain, with intermittent numbness and burning. The pain is exacerbated by any prolonged position including standing, laying, sitting, bending lifting and twisting. Current medication included Naproxen, omeprazole, Nucynta, and Cyclobenzaprine. He complains of nausea with the oral medication and would like an alternative. Examination of the lumbar spine revealed tenderness to palpation and bilateral paraspinal muscles, left greater than right. There is tenderness to palpation of his bilateral sacroiliac joints with a positive bilateral Faber's. Range of motion is limited in all directions including flexion, extension, side bending, and rotation secondary to pain. There is decreased sensation t light touch in the L3 distribution on the left. Motor testing reveals global weakness to the left lower extremity with resisted hip flexion, knee flexion, and extension, ankle plantar flexion, dorsiflexion, and great toe dorsiflexion in the left lower extremity. Impressions are lumbar radiculopathy; sacroiliac ligament sprain; chronic pain syndrome; facet arthropathy; lumbar degenerative disc disease. Recommendation included continued walking, manual therapy for chronic pain syndrome, TENS unit trial, and at issue, a request for authorization of Lidopro patches.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Lidopro Patches, Qty 15, 12 hrs on/ 12 hrs off:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, (2) Topical Analgesics Page(s): 60, 111-113.

**Decision rationale:** The claimant sustained a work-related injury in December 2013. When seen, he was having constant low back pain with intermittent numbness and tingling. Medications were causing nausea and included naproxen and omeprazole. There was lumbar and bilateral sacroiliac joint tenderness. There was decreased and painful lumbar range of motion. There was decreased left lower extremity strength and sensation with negative straight leg raising. LidoPro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. Topical lidocaine in a formulation that does not involve a dermal-patch system can be recommended for localized peripheral pain. Menthol and methyl salicylate are used as a topical analgesic in over the counter medications such as Ben-Gay or Icy Hot. They work by first cooling the skin then warming it up, providing a topical anesthetic and analgesic effect which may be due to interference with transmission of pain signals through nerves. MTUS addresses the use of capsaicin which is recommended as an option in patients who have not responded or are intolerant to other treatments. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing a multiple combination medication, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Lidocaine in a patch form is not recommended. Therefore, the request was not medically necessary.