MAXIMUS Federal Services

Case Number:	CM15-0121498		
Date Assigned:	07/02/2015	Date of Injury:	12/16/2010
Decision Date:	08/13/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/23/2015

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: New York
Certification(s)/Specialty: Pediatrics, 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 45 year old male, who sustained an industrial injury on December 16, 2010. Several documents included in the submitted medical records are difficult to decipher. He reported diffuse cervical, thoracic, and lumbar spine pain. The injured worker was diagnosed as having cervical degenerative disc disease, thoracic discogenic syndrome, and lumbar degenerative disc disease. Diagnostic studies to date have included: On August 24, 2011, MRIs of the cervical, thoracic, and lumbar spines were performed. The lumbar spine MRI revealed 3 mm broad-based disc bulges at lumbar 4-5 and lumbar 5-sacral 1 with superimposed 8 mm lumbar 4-5 annular tear with mild neural foraminal narrowing at lumbar 4-5 and on the left at lumbar 5-sacral 1. The thoracic spine MRI revealed a 1 mm central disc protrusion at thoracic 9-10 without canal stenosis or neural foraminal narrowing and no fracture or subluxation. The cervical spine MRI revealed a 1 mm annular bulging at cervical 3-4 through cervical 6-7 with annular tear. On January 14, 2012, electrodiagnostic studies of the bilateral upper and lower extremities were performed. The bilateral upper extremities study revealed normal results. The bilateral lower extremity study revealed a right-sided lumbar radiculopathy or most likely involving the lumbar 5 nerve root. Treatment to date has included cognitive behavior therapy, psychiatric care, aquatic therapy, physical therapy, work modifications, rest, a non-steroidal anti-inflammatory injection, a transcutaneous electrical nerve stimulation (TENS) unit, and medications including antidepressant, oral opioid analgesic, topical analgesic, muscle relaxant, anti-epilepsy, proton pump inhibitor, and non-steroidal anti-inflammatory. On April 8, 2015 and April 23, 2015, trigger point injections of the cervical, thoracic, and lumbar paraspinal muscles

were administered, which provided a good response. There were no noted previous injuries or dates of injury. Comorbid diagnoses included history of major depressive disorder. He is not currently working. On May 28, 2015, the injured worker complains of chronic mid and low back pain radiating to the bilateral legs with numbness and tingling sensation, greater on the right than the left. In addition, he complains of constant neck pain radiating to the bilateral shoulders. His pain was rated 8/10. The use of Lidopro cream helps him to keep taking less oral medications as he has gastritis. The physical exam revealed tenderness to palpation of the thoracolumbar paraspinal muscles, hypertonicity of the lumbar paraspinal muscles, decreased lumbar flexion and extension with severe guarding due to pain. He walks with a cane. The treatment plan includes continuing the LidoPro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Cream: 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 Medications Page(s): 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Salicylate Topicals.

Decision rationale: The requested medication is LidoPro cream. This compounded topical medication contains capsaicin, lidocaine, menthol, and methyl salicylate. The California Medical Treatment Utilization Schedule (MTUS) guidelines primarily recommended topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. In addition, MTUS does not recommend any compound product that contains at least one drug (or drug class) that is not recommended. The Official Disability Guidelines (ODG) recommends topical Methyl Salicylate as an option in the treatment "acute and chronic pain, but especially acute pain." The MTUS states that methyl salicylate, which is a topical salicylate is recommended for use for chronic pain and have been found to be significantly better than placebo in chronic pain. The use of Capsaicin is only recommended when injured workers have not responded or are intolerant to other treatments. Lidocaine is indicated for the treatment of neuropathic pain, and the only approved formulation of topical lidocaine is a dermal patch. The California Medical Treatment Utilization Schedule guidelines and the Official Disability Guidelines (ODG) do not discuss menthol. The treating physician noted that Lidopro cream was being used to decrease the amount of oral medications taken by injured worker's due to his having gastritis. The LidoPro cream contains at least one drug (or drug class) that the guidelines do not recommend. Therefore, the request for Lidopro cream is not medically necessary.