

Case Number:	CM15-0128170		
Date Assigned:	07/15/2015	Date of Injury:	10/14/2014
Decision Date:	09/10/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/03/2015

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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational 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 25 year old female, who sustained an industrial injury on 10/14/14. She reported immediate back after bending down, following working a machine that weighed about 10 pounds. The injured worker was diagnosed as having facet arthropathy of the cervical and lumbar spines and cervical spine sprain-strain and lumbar spine sprain-strain. Treatment to date has included chiropractic treatment, home exercise program, oral medications including Tylenol, Aleve and Tylenol #3 and topical Gabapentin cream. (EMG) Electromyogram studies performed on 11/24/14 were noted to be normal. Currently on 4/3/15 and 5/18/15, the injured worker complains of neck pain with stiffness and occasional cramping, mid back pain and low back pain with occasional numbness in legs and legs occasionally feel heavy and weak which continue to be severe and rates the pain level at 7-8/10. She notes she is currently taking over the counter Tylenol 1-3 times per day which reduces her pain form 7-10 to 4-5/10 and she is able to walk about 15-20 minutes longer with medications. She is currently not working. Physical exam performed on 4/3/15 and 5/18/15 revealed lumbar and cervical spine pain with bilateral facet loading and limited range of motion of cervical and lumbar spines due to pain. Decreased L4, L5 and S1 dermatomes are noted on the left. The treatment plan on 4/3/15 included request for authorization for chiropractic treatment (8 sessions), (MRI) magnetic resonance imaging of the lumbar spine, internal medicine consult and LidoPro topical ointment with applicator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment with applicator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

Decision rationale: According to the California MTUS Guidelines (2009), Topical Analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied topically to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate. Many agents are compounded as monotherapy or in combination for pain control including, for example, NSAIDs, opioids, capsaicin, muscle relaxants, local anesthetics or antidepressants. Guidelines indicate that any compounded product that contains at least 1 non-recommended drug (or drug class) is not recommended for use. LidoPro cream contains Capsaicin, Lidocaine, Menthol, and Methyl Salicylate. The CA MTUS states that Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) is FDA approved for neuropathic pain, and used off-label for diabetic neuropathy. No other Lidocaine topical creams or lotions are indicated for neuropathic or non-neuropathic pain. Menthol is not discussed in the MTUS and MTUS states that salicylate topicals are recommended. Medical necessity for the requested medication has not been established due to more than one of the non-recommended drugs combined in the topical cream. The requested topical analgesic compound is not medically necessary.