

<b>Case Number:</b>	CM15-0128777		
<b>Date Assigned:</b>	07/15/2015	<b>Date of Injury:</b>	08/28/2009
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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, Indiana, New York  
 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 49 year old female who sustained an industrial injury on 8-28-09. Diagnoses are lumbosacral disc herniation, sciatica, history of lumbosacral spine surgery-artificial disc replacement, total disc arthroplasty-2-10-15, degenerative disc disease-lumbar, and lumbosacral radiculitis. In a progress report dated 5-11-15, the treating physician notes she is seen post-operatively. She continues to have severe neuropathic right leg pain, which is progressively getting worse after discharge. She is now 3 months post-operative. She was referred for pain management and was prescribed increasing doses of Neurontin and Lyrica and she underwent a set of injections in May, which provided no benefit. Seated straight leg raise is moderately positive on the right. A computerized axial tomography scan shows evidence of retropulsed bone fragments located behind the L5 vertebral body creating stenosis and nerve root compression. The plan is to undergo surgical decompression. Work status is total temporary disability. The requested treatment is a back brace and LidoPro, quantity of 2.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Back brace:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Lumbar supports.

**Decision rationale:** Pursuant to the ACOEM and the Official Disability Guidelines, back brace is not medically necessary. Lumbar supports have not been shown to have lasting benefits beyond the acute phase of symptom relief. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. In this case, the injured worker's working diagnoses are myofascial pain syndrome; lumbar spine strain; and bilateral lumbosacral radiculopathy. The date of injury is August 28, 2009. The request for authorization is June 15, 2015. There is a single progress note by the requesting provider dated May 1, 2015. The injured worker had chronic complaints of low back pain that radiated to the bilateral legs. Objectively, music worker has positive bilateral straight leg raising, decreased range of motion. The treating provider recommended epidural steroid injection and the injured worker received an epidural steroid injection. Lumbar supports are not recommended for prevention. There is strong and consistent evidence that lumbar supports were not effective in preventing back pain. There was no documentation of a lumbar support. There is no clinical indication or rationale for a lumbar support. Consequently, absent clinical documentation with a clinical indication and rationale for a lumbar support and guideline nine recommendations for lumbar supports, back brace is not medically necessary.

**Lidopro Qty: 2:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111.

**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) Pain section, Topical analgesics.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Lidopro #2 is not medically necessary. Topical analgesics are largely experimental with few controlled trials to determine efficacy and safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains Capsaicin 0.0325%, lidocaine 4.5% and methyl salicylate 27.5%. Other than Lidoderm, no other commercially approved topical formulation of lidocaine whether cream, lotions or gels are indicated for neuropathic pain. Capsaicin is generally available as a 0.025% formulation. There have been no studies of a 0.0375% formulation and there is no current indication that an increase over 0.025% formulation would provide any further efficacy. In this case, the injured worker's working diagnoses are myofascial pain syndrome; lumbar spine strain; and bilateral lumbosacral radiculopathy. The date of injury is August 28, 2009. The request for authorization is June 15,

2015. There is a single progress note by the requesting provider dated May 1, 2015. The injured worker had chronic complaints of low back pain that radiated to the bilateral legs. Objectively, music worker has positive bilateral straight leg raising, decreased range of motion. The treating provider recommended epidural steroid injection and the injured worker received an epidural steroid injection. There is no clinical documentation with the clinical discussion, rationale or indication for Lidopro (topical analgesic). Capsaicin 0.0375% is not recommended. Lidocaine in non- Lidoderm form is not recommended. Any compounded product that contains at least one drug (Capsaicin 0.0375% and Lidocaine 4.5%) that is not recommended is not recommended. Consequently, Lidopro is not recommended. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and a clinical discussion, indication and rationale for Lidopro, Lidopro #2 is not medically necessary.