

Case Number:	CM15-0174277		
Date Assigned:	09/16/2015	Date of Injury:	02/16/1996
Decision Date:	10/16/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/04/2015

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:

This is a 66-year-old male worker who was injured on 2-16-1996. The medical records reviewed indicated the injured worker (IW) was treated for lumbar post laminectomy syndrome; lumbosacral or thoracic neuritis or radiculitis, unspecified; S1 lumbar radiculopathy; and right knee pain. The progress notes (5-11-15 and 7-11-15) indicated the IW had constant low back pain radiating to the right lower extremity with weakness and also right knee pain. The pain was worse with bending and relieved by stretches and Lidocaine patches. He was treated with medications, physical therapy, home exercise program, lumbar discectomy and laminectomy and steroid injections to the knee, which were helpful. Medications were gabapentin, Norco and Naproxen, which were helpful. On physical examination (5-11-15 and 7-11-15) his gait was antalgic and posture was poor. There was tenderness to palpation over the lumbar spinal processes L4 to S1 and over the paraspinal muscles. Range of motion was 80 degrees flexion, 0 degrees extension, 10 degrees side bending, bilaterally and 10 degrees rotation bilaterally. Straight leg raise was positive on the right. Sensation was diminished in the L4 and L5 distribution. Reflexes at the patella and HS were +2 and symmetric; the right Achilles reflex was absent. Muscle strength was reduced in the bilateral extremities in all major groups tested. An evaluation (8-8-15) stated the IW had increased right lower extremity pain and he was walking with a cane. He was considered "permanent and stationary". A Request for Authorization dated 8-8-15 was received for a prescription of Lidopro cream 121mg. The Utilization Review on 8-18-15 non-certified the request for a prescription of Lidopro cream 121mg, as the CA MTUS Chronic Pain Medical Treatment Guidelines were not met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The claimant has a remote history of a work injury in February 1996 and is being treated for radiating low back pain with a diagnosis of post-laminectomy syndrome. When seen, he was having constant radiating symptoms and right knee discomfort with pain rated at 9/120. There was lumbar paraspinal muscle tenderness with muscle spasms and he was ambulating with a cane. An epidural steroid injection was being considered. Norco, Naproxen, and LidoPro were prescribed. Lidopro (capsaicin, lidocaine, menthol and methyl salicylate ointment) is a compounded topical medication. 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 be difficult or impossible to determine whether any derived benefit was due to a particular component. In this case, there are other single component topical treatments with generic availability that could be considered. Lidopro was not medically necessary.