

Case Number:	CM15-0175214		
Date Assigned:	09/16/2015	Date of Injury:	02/10/2015
Decision Date:	10/16/2015	UR Denial Date:	08/25/2015
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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 33 year old male who sustained an industrial injury on 2-10-2015. A review of medical records indicates the injured worker is being treated for lumbar discogenic pain and bilateral L4-L5 radicular symptoms. Medical records dated 7-21-2015 noted a workplace injury to the back when lifting a heavy barrel. He was treated with a lumbar epidural steroid injection which reduced pain in the legs by 50-60%. He had noted improved mobility and less pain with activity. He currently rates his pain a 4 out of 10. Physical examination noted spasm in the lower paraspinals. Range of motion is within functional limits. Treatment has included injection, medications, and physical therapy. X-ray of the lumbar spine dated 2-17-2015 noted possible subtle L5 pars defects. The treatment plan included a trial of Lidopro topical cream. Utilization review form dated 8-25-2015 included Lidopro topical cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical Cream (Lidocaine, Capsaicin, Menthol, Methyl Salicylate): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Int J Sports Phys Ther. 2012 Jun;7(3):314-22. A comparison of topical menthol to ice on pain, evoked tetanic and voluntary force during delayed onset muscle soreness; Pain. 2013 Oct;154(10):2169-77. doi: 10.1016/j.pain.2013.06.043. Epub

2013 Jun 29. TRPM8 is the principal mediator of menthol-induced analgesia of acute and inflammatory pain.

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

Decision rationale: This 33 year old male has complained of low back pain since date of injury 2/10/2015. He has been treated with physical therapy, epidural steroid injection and medications. The current request is for Lidopro topical cream. Per the MTUS guidelines cited above, the use of topical analgesics in the treatment of chronic pain is largely experimental, and when used, is primarily recommended for the treatment of neuropathic pain when trials of first line treatments such as anticonvulsants and antidepressants have failed. There is no such documentation in the available medical records. On the basis of the MTUS guidelines cited above, Lidopro topical cream is not indicated as medically necessary.