

Case Number:	CM15-0177531		
Date Assigned:	09/18/2015	Date of Injury:	01/22/2003
Decision Date:	10/21/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/09/2015

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 63 year old female with a date of injury on 1-22-2003. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar sprain-strain, thoracic or lumbosacral neuritis or radiculitis unspecified, myofascial pain and osteoporosis of spine. Medical records (7-15-2015 to 8-17-2015) indicate ongoing low back pain, cervical and upper thoracic pain. According to the progress report dated 8-17-2015, the injured worker complained of low back pain radiating to the left knee. She rated her pain level as three out of ten. This was decreased from nine out of ten at the 7-15-2015 office visit. The objective findings (8-17-2015) revealed tenderness to palpation to the lumbar area, abnormal reflexes and an antalgic gait. Lumbar range of motion was limited. Treatment has included chiropractic treatment, acupuncture, home exercise program, transcutaneous electrical nerve stimulation (TENS) unit and medications (Cyclobenzaprine). The request for authorization dated 8-17-2015 was for Lidopro cream and chiropractic treatment. The original Utilization Review (UR) (8-26-2015) denied a request for Lidopro cream.

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 January 2003 and is being treated for pain throughout the spine. When seen, pain was rated at 3/10. She was having low back pain radiating to the left knee. She was using TENS which had become less effective and was performing a home exercise program. There was decreased lumbar range of motion with tenderness and an abnormal gait. Chiropractic treatments were requested. Oral medications were cyclobenzaprine and omeprazole. LidoPro was being prescribed and was refilled. 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 is not considered medically necessary.