

Case Number:	CM15-0178383		
Date Assigned:	09/18/2015	Date of Injury:	06/19/2014
Decision Date:	10/22/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	09/10/2015

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 injured worker is a 41-year-old male, who sustained an industrial injury on 06-19-2014. The injured worker was diagnosed as having lumbosacral sprain and lumbosacral neuritis. On medical records, dated 08-04-2015 and 07-01-2015 subjective complaints were noted as lower back pain. Pain was noted to be 8 out of 10. Objective findings were noted as lumbar spine was noted to have a decreased range of motion with forward flexion, positive tenderness to palpation of lumbar spine and paraspinal muscles. Straight leg test was positive on the right. The injured worker was noted to be returned to work on modified duty. Treatment to date included TENS unit, medication, chiropractic therapy, home exercise program and acupuncture. Current medication was listed as topical ointment, Naproxen and Cyclobenzaprine. The injured worker was noted to be on topical ointment since at least 10-07-2014. The Utilization Review (UR) was dated 08-14-2015. A Request for Authorization was dated 08-04-2015 requested Gabapentin, Lidopro refill, TENS patches, extension for neurosurgery consult for LESI and depression screen. The UR submitted for this medical review indicated that the request for retrospective Lidopro cream 121gm DOS 8-4-15 was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro cream 121gm DOS 8-4-15: 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 sustained a work injury in June 2014 and is being treated for low back pain. When seen, he was having worsening symptoms. He was tolerating chiropractic treatments. He had sharp low back pain with right lower extremity radiating symptoms rated at 8/10 and was having significant weakness. There was decreased lumbar range of motion with tenderness. There was positive right straight leg raising. Naprosyn and Lidopro were being prescribed. A lumbar epidural steroid injection was being planned. Gabapentin was prescribed with a titration planned. Lidopro and TENS pads were 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.