

Case Number:	CM15-0021481		
Date Assigned:	02/11/2015	Date of Injury:	09/08/2007
Decision Date:	04/14/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/05/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old female who sustained an industrial injury on 09/08/2007. Diagnoses include lumbar sprain/strain, lumbalgia/lumbar intervertebral disc, and lumbar spinal stenosis. Treatment to date has included exercise at the gym, and TENS Unit. A physician progress note dated 01/13/2015 documents the injured worker complains of pain rated 8 out of 10 in severity. He has an antalgic gait. There is lumbar decreased range of motion with extension and flexion. There is lumbar spasm and cervical paravertebral muscle spasms. Current treatment is to continue current level of care with medication, TENS Unit and exercises. Requesting psychiatry evaluation, vocational rehab, and neurospine consult second opinion approved updated Magnetic Resonance Imaging, medication refills, and transfer of care to primary care physician. Treatment requested is for Lidopro 120 gm #1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro 120 gm #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The MTUS guidelines on Topical Analgesics describe topical treatment as an option, however, topicals are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Lidopro contains the following active ingredients: Lidocaine, Capsaicin, Menthol, and Methyl Salicylate. The MTUS states specifically that any compound product that contains at least one drug (or class) that is not recommended is not recommended. Lidocaine is not recommended as a topical lotion or gel for neuropathic pain, categorizing the requested compound as not recommended by the guidelines. The lack of evidence to support use of topical compounds like the one requested coupled with the lack of evidence for failed treatment by other modalities makes the requested treatment not medically indicated.