

Case Number:	CM15-0033749		
Date Assigned:	02/27/2015	Date of Injury:	10/01/2012
Decision Date:	04/13/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	02/23/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 (IW) is a 58 year old female who sustained an industrial injury on 10/01/2012. She has reported bilateral shoulder pain, right hand pain, left leg pain and bilateral knee pain and lower back pain. Diagnoses include; cervical spine degenerative disc disease; cervical spine radiculopathy; lumbosacral degenerative disk disease; lumbosacral radiculitis; sciatica; bilateral elbow forearm myofascial strain; wrist strain; and right knee contusion and sprain; and carpal tunnel syndrome. Treatments to date include topical and oral medications, physical therapy, and most recently a L3-L4 and L4-L5 medial branch rhizotomy (01/2015) with documentation of 70% improvement. A progress note from the treating provider dated 02/05/2015 indicates tenderness of the bilateral paraspinal muscles of the lumbar spine with range of motion decreased by 10% in all planes. The IW complains of numbness in the lumbar region. Gabapentin is not tolerated by the IW. The provider prescribed Lidopro for the numbness. On 02/19/2015, Utilization Review non-certified a request for Lidopro Qty 2. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Qty 2: 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): 111-113.

Decision rationale: This patient presents with chronic low back pain with tenderness in the bilateral paraspinal muscles and decreased range of motion. The current request is for LIDOPRO QTY 2. LidoPro compound cream contains capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS Guidelines page 111 has the following regarding topical creams, "Topical analgesics are largely experimental and use with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." Per MTUS Guidelines, lidocaine is only allowed in a patch form and not allowed in a cream, lotion, or gel forms. Therefore, the entire compounded cream is rendered invalid. This request IS NOT medically necessary.