

Case Number:	CM15-0034214		
Date Assigned:	03/02/2015	Date of Injury:	12/30/2013
Decision Date:	06/22/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/24/2015

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, 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:

The injured worker is a 22 year old male, who sustained an industrial injury on December 30, 2013. He reported low back pain. The injured worker was diagnosed as having lumbosacral or thoracic neuritis or radiculitis, lumbar sprain/strain, myofascial pain, status post-surgical correction of an inguinal hernia, thoracic sprain/strain and sacroiliac sprain/strain. Treatment to date has included diagnostic studies, physical therapy, aqua therapy, chiropractic care, medications, rest and activity restrictions. Currently, the injured worker complains of low back pain with associated tingling and numbness of bilateral feet. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on January 19, 2015, revealed continued pain as noted with associated lower extremity symptoms. It was noted he would likely be permanent and stationary following completion of the physical therapy. Magnetic resonance imaging of the lumbar spine was noted as unremarkable. Proper conditioning was recommended. A pain cream was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Lidopro Cream 121gm quantity 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 105, 111-113.

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

Decision rationale: LidoPro ointment is a topical formulation that includes Capsaicin 0.0325%, Lidocaine, Menthol 10%, and Methyl Salicylate 27.5%. The Chronic Pain Medical Treatment Guidelines, on pages 111-113, specify that, any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. The Chronic Pain Medical Treatment Guidelines provides guidelines on topical capsaicin in two separate sections. On pages 28-29, the following statement regarding topical capsaicin is made: "Formulations: Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy, and post- mastectomy pain). There have been no studies of a 0.0375% formulation of Capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." LidoPro ointment has Capsaicin 0.0325%. Therefore based on the guidelines, LidoPro topical is not medically necessary.