

Case Number:	CM15-0065915		
Date Assigned:	04/13/2015	Date of Injury:	02/10/2009
Decision Date:	05/12/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/07/2015

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: Anesthesiology, 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 47 year old male who sustained an industrial injury on 2/10/09. He has reported initial complaints of low back pain after bending over working in a vineyard to reach for a branch. The diagnoses have included lumbar sprain/strain, lumbar degenerative disc disease (DDD), lumbar radiculopathy, and myofascial pain. Treatment to date has included 168 chiropractic treatments, medications, diagnostics, activity modifications, heat therapy, Transcutaneous electrical nerve stimulation (TENS) and home exercise program (HEP). The diagnostic testing that was performed included lumbar Magnetic Resonance Imaging (MRI) and nerve conduction velocity studies (NCV)/electromyography (EMG) of the lower extremities. The current medications included Diclofenac, Tramadol, Flexeril and Lidipro topical cream. Currently, as per the physician progress note dated 3/19/15, the injured worker complains of increased low back pain with right lower extremity (RLE) numbness and tingling rated 8-9/10 on pain scale. He reports that the pain was not controlled with medication and that there has been a delay in getting his Tramadol. He admits to using transcutaneous electrical nerve stimulation (TENS) daily and home exercise program (HEP). The objective findings revealed moderate discomfort and trigger points were over the lumbar paraspinal area. The physician noted that the injured worker's lumbar spine injury was considered a progression of pathology and that the impairment has increased. Treatment was for orthopedic spinal surgeon consult, manual medicine, medications and transcutaneous electrical nerve stimulation (TENS) supplies. Continue with home exercise program (HEP) and heat therapy. The physician requested

treatment included Lidopro cream 121 gm lidopro (capsaicin, lidocaine, menthol, and methyl salicylate) for back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream 121 gm lidopro (capsaicin, lidocaine, menthol, and methyl salicylate):

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 28; 56.

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

Decision rationale: According to the MTUS, there is little to no research to support the use of topical compounded creams. The use of these compounded agents requires knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Topical analgesics are largely experimental and there are a few randomized controlled trials to determine efficacy or safety. Therefore, at this time, the requirements for treatment have not been met and medical necessity has not been established.