MAXIMUS Federal Services

Case Number:	CM15-0065930		
Date Assigned:	04/13/2015	Date of Injury:	03/11/2014
Decision Date:	05/12/2015	UR Denial Date:	04/03/2015
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: North Carolina, Georgia
Certification(s)/Specialty: Family Practice

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 55 year old male who sustained an industrial injury on March 11, 2014. The injured worker was diagnosed with lumbar sprain/strain, myofascial pain syndrome, multi-level degenerative changes with intervertebral disc protrusion and facet arthropathy. Treatment to date includes conservative measures, diagnostic testing and medications. According to the primary treating physician's progress report on March 23, 2015, the injured worker continues to experience pain in the lower back. Examination of the lumbar spine demonstrated spasm of the left paravertebral muscles, tenderness at the L4 and L5 facets and decreased range of motion. Left supine straight leg raise was positive. Current medication is listed as Zorvolex. Treatment plan includes continuing with exercises and walking, cognitive behavioral therapy (CBT) consultation and psychotherapy sessions times 4 and the current request for LidoPro.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro (Lidocaine/Menthol/Menthol-Salicylate/Capsaicin): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 111-113.

Decision rationale: CA MTUS recommends limited use of topical analgesics. There is limited evidence for short-term use of topical NSAID analgesics for osteoarthritis with most benefit seen in use up to 12 weeks but no demonstrated benefit beyond this time period. CA MTUS specifically prohibits the use of combination topical analgesics in which any component of the topical preparation is not recommended. LidoPro contains methyl salicylate, menthol, capsaicin and lidocaine. Methyl salicylate is a non steroidal anti-inflammatory agent could be indicated for limited use, but menthol is not a recommended topical analgesic. Lidocaine cream is to be used with extreme caution due to risks of toxicity. As such, LidoPro is not medically necessary and the original UR decision is upheld. Therefore, the requested medical treatment is not medically necessary.