MAXIMUS Federal Services

Case Number:	CM15-0068928		
Date Assigned:	04/16/2015	Date of Injury:	07/01/2009
Decision Date:	06/10/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	04/10/2015

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 is a 40 year old male, who sustained an industrial injury on July 1, 2009. He reported injuries of the left ankle, left foot, and back. The injured worker was diagnosed as having discogenic lumbar condition and right ankle sprain. Diagnostic studies to date have included MRIs, x-rays, and electro diagnostic studies. Treatment to date has included chiropractic therapy, physical therapy, acupuncture, work modifications, a back brace, an ankle brace, hot/cold, and medications including oral pain, topical pain, muscle relaxant, and non-steroidal anti-inflammatory. On February 18, 2015, the injured worker complains of constant pain in the lower extremities with numbness of the right foot and calf cramping. The physical exam revealed decreased range of motion, symmetric reflexes, tenderness of the peroneal and anterior talofibular ligament, lumbosacral and right buttock tenderness, decreased deep tendon reflexes at the knees, tightness of the hamstrings and right low back pain with straight leg raise, negative cross straight leg raise, normal Babinski's, normal strength to resisted function in the lower extremities, inability to do Milgram testing, and negative Patrick's and femoral stretch testing. The treatment plan includes Lidopro cream.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro cream: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: This patient presents with chronic back, left ankle and left foot pain. The current request is for Lidopro Cream. The Request for Authorization is not provided in the medical file. Treatment to date has included chiropractic therapy, physical therapy, acupuncture, work modifications, back brace, ankle brace, hot/cold treatment, and medications including opioids, topical analgesics, muscle relaxant, and non-steroidal anti-inflammatory. The patient is currently working full-time. LidoPro compound cream contains capsaicin, lidocaine, menthol, and methyl salicylate. The MTUS has the following regarding topical creams (p111, chronic pain section): Lidocaine Indication: Neuropathic pain Recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. This patient has been prescribed LidoPro topical cream since at least 05/12/14. Examination on 02/18/15 revealed decreased plantar flexion strength and limited range of motion. There was tenderness to palpation in the lumbar spine and lower extremity pain. The treating physician recommended the patient to continue using LidoPro cream for topical relief. It was noted that medications help decrease his symptoms and allow him to be functional and continue work. LidoPro topical cream contains lidocaine and MTUS does not support any formulation of lidocaine other than in a patch form. MTUS states that, "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Given that the Lidocaine is in a cream base, the entire compounded cream is rendered invalid. The request for LidoPro topical is not medically necessary.