

Case Number:	CM15-0098703		
Date Assigned:	06/01/2015	Date of Injury:	12/31/2005
Decision Date:	06/30/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 54-year-old female, with a reported date of injury of 12/31/2005. The diagnoses include cervical radiculopathy, sacroiliitis, lumbar facet arthropathy, and status post L4-5 fusion. Treatments to date have included oral medications; topical pain medication; medial branch block to the left L5-S1 on 04/17/2015, with 100% improvement; transforaminal epidural steroid injections with benefit; epidural steroid injections to the lumbar spine; right L3-4 and L4-5 rhizotomy on 03/29/2012, with significant pain relief; computerized tomography (CT) scan of the lumbar spine on 03/04/2014; an MRI of the lumbar spine on 01/23/2014; x-rays of the lumbar spine on 06/27/2014; and an MRI of the cervical spine on 06/27/2014. The progress report dated 04/20/2015 indicates that the injured worker complained of neck and low back pain. Overall, the injured worker reported that she was doing better. She rated her right-sided neck and shoulder pain 2-3 out of 10; and her low back and left hip pain 4 out of 10. The injured worker reported that without medications, the pain was rated 10 out of 10, and with medications it was rated 3 out of 10. She stated that she would be completely non-functional if she did not have the pain medications. A physical examination of the cervical spine showed tenderness to palpation of the midline mid-cervical spine, right paraspinals, and bilateral upper trapezius; decreased range of motion; decreased sensation in the left C7 dermatome and right C8 dermatome; and decreased muscle stretch reflex. An examination of the lumbar spine showed tenderness to palpation of the lumbar midline over the incision site and left L5-S1 facet region; spasm; severe tenderness over the bilateral greater trochanters; severe tenderness to palpation over the length of the bilateral iliotibial bands; decreased range of motion with pain; left hip pain

with toe walk; limited strength exam due to pain in the left hip region; negative bilateral straight leg raise test; and positive facet challenge test at the left L5-S1 facet region. It was noted that the CURES report dated 04/20/2015 was consistent; the urine toxicology report dated 03/17/2014 was consistent; and the laboratory medication panel dated 04/18/2014 showed normal renal and hepatic function, with exception of mildly elevated liver function test. The treating physician requested LidoPro topical (no strength or quantity provided). The medication would be used in an effort to minimize the use of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro Topical (No Strength or Qty Provided): Upheld

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

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

Decision rationale: According to MTUS, in Chronic Pain Medical Treatment guidelines section Topical Analgesics (page 111), topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Many agents are combined to other pain medications for pain control. There is limited research to support the use of many of these agents. Furthermore, according to MTUS guidelines, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lido Pro (capsaicin, menthol and methyl salicylate and lidocaine) contains capsaicin a topical analgesic and lidocaine not recommended by MTUS. In addition, in this case, there is no supporting evidence of objective functional improvement to support continued use of LidoPro cream. Based on the above Lido Pro topical is not medically necessary.