

Case Number:	CM13-0043748		
Date Assigned:	12/27/2013	Date of Injury:	12/31/1999
Decision Date:	12/10/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/25/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 worker is a 58 year old male who was injured by cumulative trauma leading up to 12/31/1999. He was diagnosed with bilateral shoulder degenerative disease and bilateral elbow arthralgia. He was treated with surgery (shoulder, elbow), physical therapy, steroid injections, and oral and topical medications. On 9/9/13, the worker was seen by his primary treating physician, reporting neck and shoulder pain rated at 6/10 on the pain scale with bilateral upper extremity numbness, tingling, and tremors. He reported using Nucynta, Gabapentin, Terocin cream, and Naproxen, which collectively are "helpful for his symptoms" and allow him to do more around the house without side effects. Physical findings included tenderness of medial epicondyles bilaterally, normal reflexes, 4/5 strength in bilateral upper extremities, negative Hawkin's test bilaterally, normal flexion and extension of the cervical spine, negative Spurling's test bilaterally, and decreased range of motion in the bilateral shoulders, limited by pain. He was then recommended to continue his home exercises, refills his Nucynta, Gabapentin, and Naproxen, and was given LidoPro cream (to replace Terocin, which was denied).

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro topical ointment (Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, Methyl Salicylate 27.5%): 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, Capsaicin, Topical Page(s): 111-113, 28-29.

Decision rationale: The MTUS Guidelines for Chronic Pain state that topical Lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral neuropathic pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI antidepressants, or an AED such as Gabapentin or Lyrica). Topical Lidocaine is not recommended for non-neuropathic pain as studies showed no superiority over placebo. The MTUS Chronic Pain Guidelines also state that topical Capsaicin is recommended for chronic pain only as an option in patients who have not responded or are intolerant to other treatments. High doses of Capsaicin is considered experimental, and any dose of Capsaicin has only moderate to poor efficacy, according to the studies. In order to justify continuation of topical Capsaicin, there needs to be evidence of functional improvement as well as measurable pain reduction. In the case of this worker, he had been using Gabapentin and topical Lidocaine (Terocin) with some reported but not measurable benefit as stated in the documentation. Upon review of the documentation provided, the reported pain levels were the only measurable method of assessing benefit from his medications as functional outcome reporting was no measurable and was not specific enough to each medication used. His pain levels appeared to be similar before and after starting Gabapentin, and also before and after trying Terocin (Lidocaine). Without further explanation or report on functional changes with these medications from the provider, it will be assumed that the reason for this is one of two: the worker does not have significant neuropathic pain (no objective evidence was found for neuropathic pain in the notes provided), or the worker does have neuropathic pain and the oral nor the topical medications are not providing significant relief. Therefore, based on the documented evidence, it seems unreasonable and medically unnecessary to use another topical medication which included Lidocaine, such as LidoPro.