MAXIMUS Federal Services

Case Number:	CM13-0043992		
Date Assigned:	06/09/2014	Date of Injury:	12/31/1999
Decision Date:	07/14/2014	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 Internal Medicine and is licensed to practice in California. 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 injured worker is a 57 year old male who sustained an injury on 12/31/99. No specific mechanism of injury was noted. Rather this was a cumulative trauma to bilateral shoulders and elbows. The claimant had extensive surgical history for bilateral shoulders and elbows. The patient had complaints of chronic musculoskeletal pain. Medications included Nucynta 100mg utilized four times per day and gabapentin 300mg utilized twice a day for neuropathic symptoms. The claimant was also utilizing Terocin cream and anti-inflammatories to address inflammation. The clinical record from 09/09/13 noted continued tenderness to palpation of the bilateral medial epicondyles. There was mild weakness in the upper extremities. No impingement signs in the shoulders were noted however there was decreased range of motion. The claimant was recommended to continue with home exercise program at this visit and Nucynta and gabapentin and naproxen were continued at this evaluation. The claimant was being prescribed Clonazepam by different physician. There was continued use of LidoPro cream. The requested LidoPro topical ointment was not recommended by utilization review on 09/26/13.

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% AND METHYL SALICYLATE 27.5%): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, topical analgesics such as LidoPro which contains lidocaine capsaicin menthol and methyl salicylate are largely considered experimental/investigational in the treatment of chronic pain. Per the current literature there is limited evidence establishing that topical analgesics including lidocaine and capsaicin result in any substantial functional improvement as compared to oral medications. MTUS Guidelines indicate that use of topical analgesics such as capsaicin and lidocaine can be considered an option for treatment of continuing neuropathic pain that has failed other conservative treatment including first line medications such as anticonvulsants or antidepressants. In this case the claimant was utilizing both antidepressants and anticonvulsants including Gabapentin. There is no indication from the clinical records that these neuropathic medications have failed to adequately address persistent neuropathic symptoms. Therefore, the request for LidoPro Topical Ointment (Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10% and Methyl Salicylate 27.5%) is not medically necessary and appropriate.