

Case Number:	CM13-0060734		
Date Assigned:	12/30/2013	Date of Injury:	07/01/2011
Decision Date:	03/27/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 physician 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:

This is a 53 year-old (DOB: 2/4/61) female with a 7/1/2011 industrial injury claim. She has been diagnosed with CRPS lower extremity, tenosynovitis of foot and ankle, lumbar myofascial pain, sleep disturbance, also poor coping with chronic myofascial pain, and non-industrial diabetes mellitus and high cholesterol. On 10/15/13, [REDACTED] reports the patient presents with 6/10 bilateral lower extremity pain. She was walking with a cane, had TTP over lumbar paraspinals. He recommended psych evaluation, and Lidopro ointment and to hold off on meds because the liver function study showed slightly elevated ALT 50(10-47) and AST 41(<38). On 11/6/13, CorVel UR denied the use of Lidopro ointment.

IMR ISSUES, DECISIONS AND RATIONALES

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

LidoPro ointment 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22; 67-68.

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

Decision rationale: The patient presents with bilateral lower extremity pain and lower back tenderness. She is reported to have CRPS lower extremities and myofascial pain in the lumbar region. The 11/6/13 UR letter states the rationale for denial of the Lidopro ointment was because there was no necessity for topical anesthetics, and it was not recommended by MTUS and prior IMR non-certification of Dendracin. [REDACTED] did document his concern for oral pain medications due to the elevated liver enzymes. Dendracin and/or Dendracin Neurodendracin are not the same as Lidopro, so it is an invalid rationale to use the Dendracin non-certification to recommend against Lidopro. Lidopro is a compound topical consisting of capsaicin 0.0325%, Lidocaine 4.5%, menthol 10% and methyl salicylate 27.5%. On page 111, under topical analgesics, MTUS gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." MTUS does have some support for the methyl salicylate/menthol combination, and for capsaicin in the 0.025% and possible in 0.075% concentrations; but not for capsaicin in 0.0325%, or Lidocaine in forms other than the dermal patch. MTUS states "Capsaicin is generally available as a 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for post-herpetic neuralgia, diabetic neuropathy and post-mastectomy pain). There have been no studies of a 0.0375% formulation of capsaicin and there is no current indication that this increase over a 0.025% formulation would provide any further efficacy." MTUS for Lidocaine states: "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." Therefore, any compounded topical that contains Lidocaine in cream, lotion or gels would not be recommended.