MAXIMUS Federal Services

Case Number:	CM13-0065472		
Date Assigned:	01/03/2014	Date of Injury:	03/10/2008
Decision Date:	06/04/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/13/2013

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 Orthopedic Surgery 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 patient is a 39 year old male who was injured on 03/10/2008. He sustained an injury as a result of repetitive gripping, grasping, and lifting associated with packing 50-pound bags into a well press. Prior treatment history has included Norco and Dendracin cream. The patient's medications as of 07/02/2013 include: Norco Dendracin cream The patient's medications as of 09/04/2013 include: Norco 5/325 mg 1-2 tabs per day Terocin cream Medrox patches Labs dated 02/13/2013 demonstrated glucose of 182 and an RDW of 15.2. Otherwise, a normal CBC, kidney, and liver function test. PR2 dated 10/16/2013 documented the patient was diagnosed with bilateral elbow lateral epicondylitis; status post bilateral lateral epicondylar releases; and bilateral, right greater than left, radial nerve overuse symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4OZ REFILLS 2: 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): 111-113.

Decision rationale: According to the CPMTG, topical analgesics are largely experimental in use. It is "primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. These agents are applied locally to painful areas with advantages that include lack of systemic side effects, absence of drug interactions, and no need to titrate." The requested Lidopro Topical Ointment contains the active ingredients of Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10% and Methyl Salicylate 27.5%. The guides recommend topical capsaicin as an option in patients who have not responded or are intolerant to other treatments. 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. Lidocaine topical is 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). Further, the guides state the formulation should be in that of a dermal patch and there are no other commercially approved topical formulations of lidocaine (whether creams, lotions or gels). The records indicate the patient has been prescribed Norco and Dendracin cream from at least 10/31/2012 through 07/02/2013 at which time the request was made for Lidopro. There was no indication of the patient decreasing the use of the oral medications with the use of the new cream. The records also do not document the patient not responding to other treatments. Further, the guides state that any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Based on the active ingredients contained in this topical cream, the request is not medically necessary.