

Case Number:	CM14-0003800		
Date Assigned:	02/03/2014	Date of Injury:	09/28/2009
Decision Date:	06/20/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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 68 year old female with a reported date of injury 09/28/2009. The worker was injured from falling while pushing a patient in a wheelchair. The diagnoses listed on progress report dated 10/20/2013 were bilateral rotator cuff impingement syndrome, lumbar disc disorder, right lateral malleolar fracture-healed-stable. The progress noted dated 11/05/2013 reported the injured worker continued to complain of pain to her low back and shoulders and that it could be severe at times. The injured worker also stated she had epidural injections in the past with minimal relief. The diagnoses listed on that progress note were lower back pain and chronic pain. The injured worker also stated she took Norco to help improve her activities of daily living and when her pain increased. The request of authorization form dated 11/05/2013 for Lidopro was for chronic low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

COMPOUND MEDICATION (LIDOPRO OINTMENT-CAPSAICIN, LIDOCAINE, MENTHOL, METHYLSALICYLATE): 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): 111-114.

Decision rationale: The injured worker has chronic low back pain which she take Norco for and has a TENS unit as well as home exercise program. The California Chronic Pain Medical Treatment guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of many of the agents used. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidocaine is recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical lidocaine, in the formulation of a dermal patch (Lidoderm) is the only commercially approved topical formulation of lidocaine. No other commercially approved topical formulations of lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. Capsaicin is generally available in a 0.025% formulation as a treatment for osteoarthritis. There have been no studies of a 0.0375% formulation of capsaicin and there is not current indication that this increase over a 0.025% formulation would provide any further efficacy. Both the lidocaine and the capsaicin in the Lidopro are not recommended and there is not a diagnosis of osteoarthritis or neuropathic pain to warrant these medications. Therefore, the request is not medically necessary.