

Case Number:	CM14-0007654		
Date Assigned:	02/10/2014	Date of Injury:	10/29/2009
Decision Date:	06/25/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/21/2014

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, 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 56-year-old female who reported an injury on 10/29/2009. The mechanism of injury was a fall. Per the procedure report dated 05/03/2013, the injured worker underwent a right sacroiliac joint injection. Per the clinical note dated 06/14/2013, the injured worker pain rated 4/10 to the right hip, the sacroiliac joint region that was constant. The injured worker indicated her pain escalated from 7/10 to 10/10 while doing any housework, hobbies, bathing, showering, walking, squatting, or lifting. The injured worker did not recall any previous physiotherapy. On examination, range of motion to the right hip was reported within normal ranges. There was tenderness of the right SI joint with palpation and spasm to the hamstring on the right side. Patrick's, Faber, Yeoman's and Fortin's testing on the right were all positive. Per the progress note dated 01/16/2014, the injured worker rated her pain at a 7/10 to the right knee, hip, and ankle. The injured worker reported swelling and crackling sensation to the right knee along with pain. Objective findings for the right knee revealed there was normal extension range of the right knee, 5/5 muscle strength in the quadriceps and hamstrings, no instability of the right knee, Right ankle examination noted minimal tenderness over the medial joint line of the right ankle with a negative drawer sign. There was minimal swelling about the right ankle, and crepitus was present with right ankle motion. The diagnoses for the injured worker included status post right knee arthroscopic medial and lateral meniscectomies on 11/01/2010, chronic pain, and right SI dysfunction. The Request for Authorization for Lidopro topical ointment 4 oz #1 was not provided in the documentation. The rationale for the request and prior use of the medication were not provided in the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4OZ #1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines California Chronic Pain Medical Treatment Guidelines, May 2009, To.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SALICYLATE TOPICALS, LIDOCAINE, TOPICAL ANALGESICS Page(s): 105, 111-113.

Decision rationale: Per the California MTUS Guidelines topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Topical analgesics are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. The guidelines note that any compounded product that contains at least one drug or drug class that is not recommended is not recommended. Lidopro ointment contains capsaicin, Lidocaine, menthol, and methyl salicylate. Topical Lidocaine in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain and is also used off label for diabetic neuropathy; however, 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 to or are intolerant to other treatments. Topical salicylate is recommended as significantly better than placebo in chronic pain. There is a lack of documentation regarding the efficacy and dosage of this medication. In addition, the guidelines do not recommend Lidocaine for topical use in formulations other than Lidoderm. There was a lack of documentation regarding the injured worker not responding to other pain medications. There was a lack of documentation regarding the dosage or site at which the medication would be utilized. Therefore, the requested Lidopro topical ointment 4 ounces quantity of 1 is not medically necessary.