

Case Number:	CM14-0104952		
Date Assigned:	09/24/2014	Date of Injury:	01/22/2009
Decision Date:	10/24/2014	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	07/07/2014

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 Occupational 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:

This case involves is a 47-year-old female who has submitted a claim discogenic lumbar condition associated with an industrial injury date of January 22, 2009. Medical records from 2014 were reviewed which showed that the patient complained of chronic low back pain that radiated into the legs. Physical examination revealed that the patient walks with a cane and the presence of tenderness along the lumbosacral area. Treatment to date has included Norflex, Naproxen, Neurontin, Tramadol, Protonix, Effexor, Remeron and Trazodone. Utilization review from July 7, 2014, denied the request for Lidopro Lotion (Capsaicin, Lidocaine, Menthol, Methyl Salicylate) because Lidopro contains methyl salicylate which is not supported by the Official Disability Guidelines (ODG). Furthermore, there was little data to support that the patient had failed other methods of neuropathic pain treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Lotion (Capsaicin, Lidocaine, Menthol, Methyl Salicylate): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, Topical Analgesics Page(s): 28-29, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Topical Salicylates

Decision rationale: LidoPro lotion contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. CA MTUS does not cite specific provisions regarding menthol, but the Official Disability Guidelines (ODG), Pain Chapter states that the FDA has issued an alert in 2012 indicating that topical OTC pain relievers that contain menthol, methyl salicylate, or capsaicin, may in rare instances cause serious burns. Topical salicylate is significantly better than placebo in chronic pain as stated on page 105 of MTUS Chronic Pain Medical Treatment guidelines. It is further stated that there is little to no research to support the use of lidocaine for compounded products, and lidocaine is not recommended for topical use. Moreover, there is little to no research to support the use of Capsaicin 0.0325% in topical compound formulations. In this case, patient has been prescribed LidoPro lotion as adjuvant therapy to oral medications. However, guidelines state that any compounded product that contains at least one drug that is not recommended is not recommended. Lidocaine is not recommended for topical use, and Capsaicin in 0.0325% formulation is likewise not recommended. The quantity was also not mentioned in the request. Therefore, the request for Lidopro Lotion (Capsaicin, Lidocaine, Menthol, Methyl Salicylate) is not medically necessary.