

Case Number:	CM14-0105273		
Date Assigned:	07/30/2014	Date of Injury:	09/21/2012
Decision Date:	09/30/2014	UR Denial Date:	06/24/2014
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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 49-year-old female with a reported date of injury on 09/21/2012. The mechanism of injury was noted to be a slip and fall. Her diagnoses were noted to include right knee contusion, lumbar sprain, and right knee meniscus tear. Her previous treatments were noted to include physical therapy and medications. The progress note dated 05/29/2014 revealed complaints of right knee pain as well as the left knee and bilateral hips. The injured worker received Synvisc injections; however, she still continued to have pain. The physical examination revealed mild effusion with decreased range of motion that was stable to varus and valgus stress, anterior and posterior drawer, as well as Lachman. She had a reasonable quadriceps tone and mass, 2+ deep tendon reflexes, and normal sensation to light touch. The injured worker was encouraged to modify her activities around the symptoms until further evaluation and was given a prescription for LidoPro to help with her pain symptoms. The Request for Authorization form was not submitted within the medical records. The request was for LidoPro to help with the pain symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro: 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: The Expert Reviewer based his/her decision on the MTUS Chronic Pain Medical Treatment Guidelines, Topical Analgesics, pages 111-113. The Expert Reviewer's decision rationale: LidoPro consists of capsaicin 0.0325%, Lidocaine 4.5%, menthol 10%, and methyl salicylate 27.5%. The California Chronic Pain Medical Treatment Guidelines state "topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. The 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 these agents. "Any compound or product that contains at least 1 drug (or drug class) that is not recommended is not recommended." The guidelines indicate topical Lidocaine for neuropathic pain after there has been evidence of a trial of first line therapy (tricyclic or SNRI antidepressants or an AED such as gabapentin or Lyrica). Topical Lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. No other commercially approved topical formulations of Lidocaine (whether creams, lotions, or gels) are indicated for neuropathic pain. The guidelines do not recommend topical Lidocaine for a non-neuropathic pain. The guidelines recommend capsaicin only as an option in patients who have not responded or are intolerant to other treatments. The guidelines state capsaicin is generally available as 0.025% formulation (as a treatment for osteoarthritis) and a 0.075% formulation (primarily studied for postherpetic neuralgia, diabetic neuropathy, and postmastectomy 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. The guidelines state topical salicylates are significantly better than placebo in chronic pain. The guidelines state any compounded agent that contains at least 1 drug) that is not recommended is not recommended, and any capsaicin formulation higher than 0.025% is not recommended and only for use in patients who have not responded or who are intolerant to other treatments. The guidelines also state topical Lidocaine is FDA approved for orphan status only in the formulation of a Lidoderm patch and no other formulations of Lidocaine including creams, gels, or lotions is recommended. Therefore, due to the formulation of Lidocaine and capsaicin not supported by the guidelines, the request for LidoPro is not medically necessary.