

Case Number:	CM14-0106311		
Date Assigned:	07/30/2014	Date of Injury:	01/27/2012
Decision Date:	08/29/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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 & 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 male who reported an injury on 01/27/2012 and continuous trauma from 12/31/2004 to 01/27/2012. The injured worker has diagnosis of orthopedic injuries, hypertension, and gastroesophageal reflux disease. Past treatments included medications, physical therapy, and home exercise program. Diagnostic studies and surgical history were not provided. The injured worker complained of headache and dizziness upon examination on 05/23/2014. The exam revealed the injured worker remained symptomatic with headaches that occurred on average of 4/5 days per week. The headache persists for less than 1 hour. Dizziness was symptomatic with vertigo that occurred 2 to 3 times per week, persistent for several seconds and is unrelated to positional change. The treatment plan is for LidoPro topical 4 oz. The rationale for LidoPro is treatment of the cervicogenic component of headaches. The provider is hoping the topical will be beneficial in reducing the frequency and severity of the headaches. The request for authorization was dated 05/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lidopro Topical 4oz: 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.

Decision rationale: The request for Lidopro topical is not medically necessary. The injured worker had a history of headaches. California Medical Treatment Utilization Schedule guidelines regarding topical agents such as Lidopro state they are largely experimental in the use with few randomized controlled trials to determine efficacy or safety. Lidopro contains Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. According the guidelines, Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments. The guidelines also state there have been no studies showing that a formulation greater than 0.025% would provide further efficacy. Lidocaine is supported only in the form of a dermal patch. The guidelines state that they are primarily recommended 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 product that contains at least one drug or drug class that is not recommended is not recommended. Lidocaine and capsaicin are not recommended. There is insufficient documentation as to why LidoPro cream is being requested for headache. The compound has an ingredient that is not supported unless in the form of a dermal patch. As such, the request for Lidopro topical is not medically necessary.