MAXIMUS Federal Services

Case Number:	CM14-0106900		
Date Assigned:	09/16/2014	Date of Injury:	09/08/2012
Decision Date:	10/16/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/10/2014

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 Pain 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:

The injured worker is a 46-year-old male who reported an injury on 09/08/2012 due to falling off of a ladder. He hit his face and injured his wrist. Diagnoses were metacarpus, fracture, knee pain bilaterally, depression NOS. Physical examination on 12/13/2013 revealed pain level to be 5/10. The injured worker was to get a trial of a TENS unit for low back pain and left hand and knee pain. There was a history of surgery to the left thumb. The injured worker was complaining of right hand and low back pain was worsening. Treatment plan was for a TENS unit, awaiting orthopedic appointment. The rationale and request for authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Compound Topical Lidopro (Capsaicin, Lidocaine, Menthol and Methyl Salicylate) ointment 121gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines forearm/wrist/hand and chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate Topicals, Topical Analgesics, Capsaicin , Lidocaine Page(s): 105, 111, 28, 112.

Decision rationale: The decision for Compound Topical Lidopro (Capsaicin, Lidocaine, Menthol and Methyl Salicylate) ointment 121gm is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines indicate that topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. Capsaicin is only recommended as an option in patients who have not responded or are intolerant to other treatments. The guidelines indicate that topical Lidocaine (Lidoderm) may be recommended for localized peripheral 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). No other commercially approved topical formulations of Lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. The guidelines recommend treatment with topical salicylates. Per drugs.com, LidoPro is a topical analgesic containing Capsaicin, Lidocaine, Menthol, Methyl Salicylate. The medical guidelines do not support the use of compounded topical analgesics. This request does not indicate a frequency for the medication. The efficacy of this medication was not reported. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.