

Case Number:	CM14-0013995		
Date Assigned:	03/03/2014	Date of Injury:	11/02/1982
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 78-year-old female who reported an injury on 11/02/1982; the mechanism of injury was not provided within the submitted medical records. Within the clinical note dated 11/13/2013, the injured worker reported back and leg pain rated 8/10 and was no longer within the workforce. The questionnaire on the exam revealed the injured worker was utilizing Terocin and the injured worker indicated that it was working for a while. The injured worker further indicated that in utilizing Terocin it helped improve her level of function. It was further revealed in the questionnaire that the injured worker at that time was not experiencing any stomach pains, nausea, or vomiting while using Aleve. It was further revealed that the injured worker at that time was not participating in physical therapy or receiving chiropractic treatments. The physical exam revealed the patient was in no acute distress and gait was antalgic with a slight limp. The exam further revealed the injured worker had diffuse tenderness to palpation over the lumbar spine with limited range of motion in all planes and decreased sensation in the L4 and L5 dermatomes on the left. The request for authorization was dated 11/13/2013 for lumbar radiculopathy and reduction of oral medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LIDOPRO TOPICAL OINTMENT 4 OZ: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

Decision rationale: The proprietary active ingredients of Lidopro include Capsaicin 0.0325%, Lidocaine 4.5%, Menthol 10%, and Methyl Salicylate 27.5%. The CA MTUS guidelines recommend topical lidocaine, in the formulation of a dermal patch has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic 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. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Lidopro contains lidocaine in a gel for which contraindicates MTUS guidelines. In addition, Capsaicin has a strength of 0.0325%, which is not shown to be any more effective than 0.025% and is not recommended by the guidelines. Lastly, the documentation failed to address why the injured worker could not utilize oral medications as it was reported the injured worker was already taking Aleve without adverse reactions. The request is not medically necessary.